

COUNTY COUNCIL OF DURHAM



ANNUAL REPORT of the
COUNTY MEDICAL OFFICER OF HEALTH
CHIEF WELFARE OFFICER AND
PRINCIPAL SCHOOL MEDICAL OFFICER

STANLEY LUDKIN, M.D., B.S., D.P.H.

for the YEAR 1968

CONTENTS

	<i>Page</i>
INTRODUCTION	5
STAFF...	6
PART I (LOCAL HEALTH AND WELFARE AUTHORITY SERVICES)	
COMMITTEES	12
SECTION A—GENERAL STATISTICS	13
SECTION B—NATIONAL HEALTH SERVICE ACT, 1946.	
Section 21—Health Centres	16
,, 22—Care of Mothers and Young Children	16
,, 23—Midwifery	23
,, 24—Health Visiting	25
,, 25—Home Nursing	28
,, 26—Vaccination and Immunisation	29
,, 27—Ambulance Service	31
,, 28—Prevention of Illness, Care and After-care	33
,, 29—Domestic Help Service	40
Mental Health	41
SECTION C—PREVALENCE OF INFECTIOUS DISEASES	44
SECTION D—NATIONAL ASSISTANCE ACT, 1948.	
Welfare Services—	
I. Physically Handicapped	45
II. Blind and Partially Sighted	46
III. Deaf	48
IV. Elderly	49
V. Family Case Work	50
VI. Temporary Accommodation	50
VII. Hostel Accommodation	51
SECTION E—INSPECTION AND SUPERVISION OF FOOD AND DRUGS	54
SECTION F—ENVIRONMENTAL HYGIENE.	
I. Water Supplies	57
II. Sewage Disposal	58
III. Housing	58
IV. Closet Accommodation	59
V. School Swimming Pools	59
SECTION G—GENERAL	60

PART II

(SCHOOL HEALTH SERVICE)

PART III

STATISTICAL TABLES

PART IV

EASINGTON EDUCATION COMMITTEE—ANNUAL REPORT ON SCHOOL HEALTH SERVICE ... 113

HEALTH AND WELFARE DEPARTMENT,
COUNTY HALL,
DURHAM.
JULY, 1969.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the combined Health, Welfare and School Health Service Report for the Administrative County for the year 1968.

Comments on the various services have been made under each section and, as far as possible, statistical data has been eliminated from the text of the report, being provided in detail in a separate section. While details of the Health and Welfare Services in the "excepted" district of Easington are included in Part I of my report, the report on the School Health Service in this district is given separately in Part IV.

As a result of the transfer on 1st April, 1968, of part of the Administrative County area under the Teesside Order, 1967, the estimate of population for the Administrative County for mid 1968 shows a reduction of 113,110 when compared with mid 1967, the area being reduced by 15,349 acres. Rates shown in this report are, of course, comparable with those shown in previous years, but statistics other than "rates" need to be adjusted to allow for the reduction of 4.6 per cent in the population in 1967 and a further 12.1 per cent in 1968. The statistics in the report refer, as far as possible, only to the administrative area as constituted at the end of the year.

The health of the community continues to be satisfactory and it is again pleasing to report new low record rates for infant mortality, still-births and perinatal deaths of infants. The birth rate for the Administrative County was the lowest on record, being 16.1 per 1,000 population, as compared with 16.6 in 1939.

As in the past few years special attention has been given to the development of services and of facilities in those areas of health and welfare where provision has in the past failed to meet needs. Availability of money and staff have governed the rate of progress, but considerable satisfaction can be felt in a number of achievements, particularly in the provision of numerous hostels for old people, the development of a chiropody service, the provision of training centres and more residential accommodation for mentally subnormals and the construction of more health centres. In the department itself artificial barriers are disappearing thus enabling the maximum co-ordination of the various parts of the child health services and the various nursing services. Liaison with hospital services is better than ever before and has enabled greater integration and co-operation in the fields of speech therapy, mental health and health visiting. In a steady but controlled way more midwives, nurses, health visitors and mental welfare officers are working as part of the General Medical Practitioner team, so enabling a better and more co-ordinated health service to be given to the public.

Special mention should be made of the successful results of computer application to the immunisation and vaccination programme, first introduced in the central part of the County and now being extended to other areas. Details are given in a section on this subject but suffice it is to say, that it is achieving our objective of increasing the acceptance rate for vaccination and immunisation, relieving parents of the need to keep records or remember dates for injections for their children and relieving the local authority and general practitioners of much clerical and administrative effort.

Detailed statistically controlled investigations have proved conclusively the value of fluorides in drinking water in the prevention of tooth decay in children without, at the same time, introducing any health hazards. It is of importance to note that these advantages have been fully endorsed by the World Health Assembly, which also finds that there is no valid scientific evidence of harm from fluoride concentration in water at the recommended level. It is, therefore, pleasing to report that the water in the northern part of the County has been fluoridated since October while steady progress is being made in the implementation of similar plans for the western and central parts of the County.

Unfortunately, in the eastern part of the County the reversal of a decision by one local authority is at present delaying schemes already partly implemented by the Water Company for a second local authority area as well as our own.

I wish to thank members of my staff for their continued assistance and co-operation throughout the year. Because of developing services, many additional demands have been made on them and many changes and adjustments have been made, but I am most grateful for the way they have responded.

Finally, to the Chairmen and Vice-Chairmen and Members of the Health and Education Committees and Sub-Committees, I must express my appreciation of the support and help given so readily and consistently throughout the year.

Your obedient servant,

STANLEY LUDKIN,
County Medical Officer.

STAFF OF THE COUNTY HEALTH DEPARTMENT

COUNTY MEDICAL OFFICER OF HEALTH

Stanley Ludkin, M.D., B.S., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH

R. G. Hendry, M.B., Ch.B., D.P.H., D.Obst., R.C.O.G.

PRINCIPAL SENIOR MEDICAL OFFICERS

Administration—A. D. Bostock, M.B., Ch.B., D.P.H. (until 30.4.68)

K. D. Mason, M.B., B.S., D.P.H., D.C.H., D.T.M. & H., D.P.H., M.B.E. (from 6.5.68)

E. M. Osborne, M.B., Ch.B., D.P.H., D.C.H., D.Obst., R.C.O.G., (part-time) (from 1.8.68)

Child Health—N. V. Crowley, M.B., B.Ch., B.A.O., D.C.H., D.P.H., L.M.

Geriatrics—M. A. Loraine, B.Sc., M.B., Ch.B., D.C.H., D.P.H.

SENIOR MEDICAL OFFICERS

Maternity and Child Welfare—E. M. Osborne, M.B., Ch.B., D.P.H., D.C.H., D.Obst., R.C.O.G. (until 31.7.68)

Schools—W. E. Rigby, M.B., Ch.B. (until 30.6.68)

A. Wilkinson, L.R.C.P., L.M., L.R.C.S.I., D.P.H. (from 27.7.68)

CLINICAL MEDICAL OFFICERS

17 Whole-time

13 Part-time

ASSISTANT COUNTY MEDICAL OFFICERS

Area No. 1.	J. A. Dryden, M.A., B.Sc., M.B., B.Chir., D.P.H., D.I.H.
Area No. 2.	H. C. Weir, M.A., M.B., B.Ch., B.A.O., D.P.H.
Area No. 3.	R. Hill, M.B., B.Ch., D.P.H.
Area No. 4.	J. L. Siddle, M.B., B.S., D.P.H.
Area No. 5.	P. A. Y. Narayanan, M.B., B.S., D.T.M., & H., D.P.H.
Area No. 6	G. A. Macgregor, M.D., D.P.H.
Area No. 7.	R. G. Drummond, M.B., Ch.B., D.P.H.
Area No. 8.	A. S. M. Wilson, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.
Area No. 9.	J. M. Hegarty, M.B., B.Ch., B.A.O., D.P.H. (until 31.5.68) E. M. Osborne, M.B., Ch.B., D.P.H., D.C.H., D.Obst., R.C.O.G. (from 1.8.68)
Area No. 10.	M. W. Rodgers, M.B., B.Ch., B.A.O., D.P.H.

MEDICAL OFFICER OF HEALTH—DELEGATED AUTHORITY

Easington R.D.—J. W. A. Rodgers, M.B., B.Ch., D.P.H.

6 CONSULTANT OCULISTS (part-time)

CONSULTANT PAEDIATRICIANS FOR SPECIAL SCHOOLS (part-time)

J. D. Andrew, M.B., Ch.B., M.R.C.P., D.C.H.—
Windlestone Hall Residential Special School for Delicate Pupils.

PSYCHIATRISTS (part-time)

E. M. Bruce, M.B., B.S., D.P.M.
F. Murray, M.R.C.S., L.R.C.P., D.P.M. (until 27.11.68)
M. Walley, M.B., Ch.B., D.P.M.

1 DENTAL ANAESTHETIST (whole-time)

3 CONSULTANT DENTAL ANAESTHETISTS (part-time)

PRINCIPAL SCHOOL DENTAL OFFICER

M. M. Lishman, L.D.S., R.C.S.

DENTAL OFFICERS

13 Whole-time

13 Part-time

COUNTY HEALTH INSPECTOR
T. S. Yarrow, C.R.S.H., F.A.P.H.I.
1 Assistant County Health Inspector

HEALTH VISITING SERVICE

SUPERINTENDENT

Miss M. Pattison, S.R.N., S.C.M. (Part 1), R.F.N., H.V. Cert., Nursing Administration (Public Health)
2 Deputy Superintendents. 99 Health Visitors (including 7 part-time).

SCHOOL NURSING SERVICE

30 School Nurses.

MIDWIFERY AND NURSING SERVICES

SUPERINTENDENT

Miss N. Hawkins, S.R.N., S.C.M., R.F.N., H.V. Cert., Q.I.D.N.
1 Deputy Superintendent. 2 Assistant Superintendents.
64 District Midwives. 17 District Nurse-Midwives.
92 District Nurses.

CHIEF NURSING OFFICER

Easington R.D.—Miss A. Howarth, S.R.N., S.C.M., H.V. Cert., Q.N.S.

NURSERY

1 Matron. 18 Other Staff.

MENTAL HEALTH

EXECUTIVE OFFICER

J. Wilson, A.A.P.S.W. (until 29.2.68)

31 Mental Welfare Officers.

TRAINING CENTRES FOR THE MENTALLY SUBNORMAL

HOSTELS FOR THE MENTALLY SUBNORMAL

DOMESTIC HELP SERVICE

1 Organiser. 18 Assistant Organisers

HANDICAPPED PERSONS

SENIOR EXECUTIVE SOCIAL WORKER

A. B. McManus

3 Senior Social Workers
23 Social Workers 2 Occupational Therapists.

BLIND PERSONS

14 Social Welfare Officers

FAMILY WELFARE

SENIOR FAMILY WELFARE OFFICER

C. J. Carey.

AMBULANCE SERVICE

AMBULANCE OFFICER

C. G. Dewen

3 Staff Officers	2 Switchboard Operators.
24 Central Control Staff.	1 Liaison Officer.
14 Depot Superintendents	296 Driver-attendants.
1 Depot Telephonist.	4 Mechanics.
1 Maintenance Officer.	

WELFARE SERVICES—RESIDENTIAL ACCOMMODATION

ADMINISTRATIVE OFFICER

J. Scott

3 Superintendents.	27 Matrons.
2 Wardens.	440 Other Staff.

PART I

**LOCAL HEALTH AND WELFARE
AUTHORITY SERVICES**

COMMITTEES

The administration of matters affecting public health and of the National Health Service Acts, 1946-1952, and the National Assistance Acts, 1948 and 1951 in so far as they affect the County Council, devolve upon the Health Committee. In connection with the administration of the National Health Service Acts the following standing committees have been established :—

Maternity and Child Welfare.

Ambulances.

Midwifery, Home Nursing, Health Visiting and Domestic Help.

Mental Health.

E. F. Peile County Convalescent Home.

These sub-committees, with the exception of the Mental Health Sub-Committee which meets bi-monthly, have meetings in each month except August. In connection with the administration of the National Assistance Acts there is a standing Welfare Sub-Committee which meets monthly except in August.

AREA HEALTH SUB-COMMITTEES

The number of meetings held by the area health sub-committees during the year in accordance with the scheme adopted by the County Council in 1948 was as follows :—

No. of Area.	Names of County Districts comprised in the area.	Number of members.	Meetings held.
1	Blaydon U.D. Ryton U.D. Whickham U.D.	20	4
2	Jarrow Borough Felling U.D. Hebburn U.D.	21	6
3	Consett U.D. Stanley U.D. Lanchester R.D.	21	4
4	Chester-le-Street U.D. Chester-le-Street R.D.	16	4
5	Boldon U.D. Hetton U.D. Houghton-le-Spring U.D. Seaham U.D. Washington U.D.	25	5

No. of Area.	Names of County Districts comprised in the area.	Number of members.	Meetings held.
6	Crook and Willington U.D. Tow Law U.D. Weardale R.D.	18	4
7	Durham Borough Brandon U.D. Durham R.D.	20	4
8	Barnard Castle U.D. Barnard Castle R.D.	15	4
9	Bishop Auckland U.D. Shildon U.D. Spennymoor U.D.	20	5
10	Darlington R.D. Sedgefield R.D. Stockton R.D.	20	4

SECTION A—GENERAL STATISTICS

Area (in acres) ... ... ... ... ... ...	...	...	...	...	...	...	594,743
Registrar General's estimate of population, mid-1968	...	...	...	...	...	...	823,370
Rateable value as at the 1st April, 1968	...	...	...	...	...	...	£23,692,143
Sum represented by a penny rate	...	...	...	...	...	...	£95,422

LIVE BIRTHS

	1967			1968		
	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Legitimate	7,827	7,321	15,148	6,472	6,078	12,550
Illegitimate	441	446	887	409	345	754
Totals	8,268	7,767	16,035	6,881	6,423	13,304

	Administrative County,			England and Wales.
	1966	1967	1968	1968
Live birth rate per 1,000 population	17.3	17.0	16.1	16.9
Illegitimate live births per cent of total live births	4.9	5.8	5.7	
Stillbirths	296	253	202	
Stillbirth rate per 1,000 total live and stillbirths ...	17.1	15.5	15.0	14.3
Total live and stillbirths	17,293	16,288	13,506	
Infant deaths (deaths under 1 year)	357	332	266	
Infant mortality rates :—				
Total infant deaths per 1,000 total live births ...	21.0	20.7	20.0	18.0
Legitimate infant deaths per 1,000 legitimate live births	20.9	20.3	18.8	
Illegitimate infant deaths per 1,000 illegitimate live births	23.9	28.2	39.8	
Neo-natal (deaths under four weeks) mortality rate per 1,000 total live births	14.2	14.0	13.2	12.3
Early neo-natal (deaths under one week) mortality rate per 1,000 total live births.	11.6	11.3	11.1	10.5
Perinatal (stillbirths and deaths under one week combined) mortality rate per 1,000 total live and still births ...	28.6	26.6	25.9	25
Maternal deaths (including abortion)	2	2	7	
Maternal mortality rate per 1,000 total live and stillbirths	0.12	0.12	0.52	0.24
Total deaths from all causes	11,456	10,280	9,506	
Death rate per 1,000 population	11.7	10.9	11.5	11.9

AREA.

The area of the administrative county is 594,743 acres—131,256 in municipal boroughs and urban districts and 463,487 in rural districts—the mean density of population being 1.38 persons per acre.

The administrative county consists of two municipal boroughs, 20 urban districts and 9 rural districts. The area of each of these districts is given in Table 1, Part III.

POPULATION.

The Registrar-General's estimate of population for the Administrative County for mid-year 1968 is 823,370, which shows a decrease of 113,110 compared with his estimate for mid-year 1967. This decrease is the result of boundary changes which took place on 1st April 1968, when the whole of Stockton M.B., the major part of Billingham U.D. and a small part of Stockton R.D., were transferred to form part of the new Teesside County Borough.

BIRTHS AND BIRTH-RATES.

The adjusted birth-rate for the administrative county, in accordance with the comparability factor (0.99) supplied by the Registrar General, is 15.9 per 1,000 population. Birth statistics for sanitary districts are shown in Table 1, Part III.

Hospital confinements comprised 77% of the total, the remaining 23% being domiciliary. Details of domiciliary and hospital confinements for the past five years are as follows :—

Year.	Percentage of Total Confinements.	
	Domiciliary.	Hospital.
1964	35	65
1965	32	68
1966	29	71
1967	26	74
1968	23	77

DEATHS AND DEATH-RATES.

The adjusted death-rate for the administrative county, in accordance with the comparability factor (1.17) supplied by the Registrar General, is 13.5 per 1,000 population.

The main causes of death in the administrative county were diseases of the heart and circulatory system (51.74%)—of which coronary disease figured prominently (25.33% of total deaths); all forms of cancer (18.94%)—of which 24.32% was due to cancer of the lung, bronchitis (6.99%) and pneumonia (5.45%).

Table 2—Part III gives a comparison of the percentages of deaths in certain age groups from the beginning of the century and further mortality statistics are provided in Tables 1, 3, and 4—Part III.

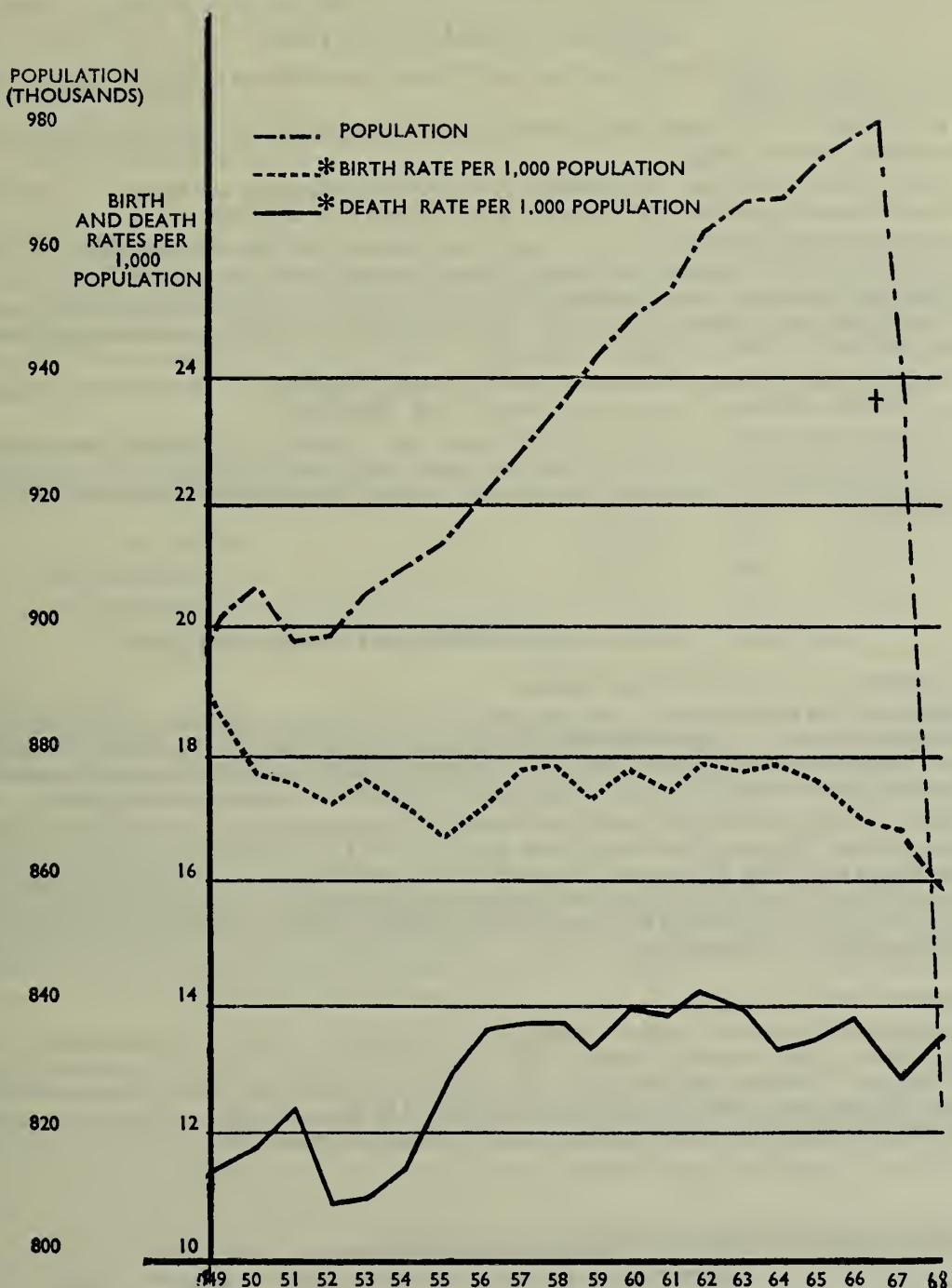
INFANT MORTALITY.

A comparison of infant mortality statistics for the past ten years is given in Table 5—Part III together with similar comparisons of the rates for perinatal mortality, early neonatal mortality and infant mortality one week to one year. All show a steady decline.

VITAL STATISTICS 1947-68.

The following graph shows comparative population statistics and birth and death rates for the past 20 years.

VITAL STATISTICS 1949—1968



* CRUDE RATES 1949—1954
 RATES ADJUSTED BY COMPARABILITY FACTOR 1955—1968
 + BOUNDARY CHANGES

SECTION B—NATIONAL HEALTH SERVICE ACT, 1946

SECTION 21—HEALTH CENTRES

Under the Teesside Order 1967 Stockton Health Centre was transferred to Teesside County Borough Council on 1st April, 1968.

The extensions to the health centre at Peterlee were completed on 1st May and there are now 18 doctors working from this centre.

Felling Health Centre came into operation on 1st May and is working satisfactorily. At present five doctors in two general practices work part-time in the surgery accommodation.

Boldon and Dunston Health Centres were under construction at the end of the year and it is hoped that Boldon Health Centre will open early in March 1969 and Dunston Health Centre by May 1969.

Work is to commence shortly adding surgery accommodation to the existing maternity and child welfare clinic premises at Chilton and so make a small health centre. A similar adaptation is planned for the clinic premises at Newton Aycliffe at a later date.

Provision is also being made within the 1969/72 building programme for health centres at Hebburn, Hetton, Houghton-le-Spring, Spennymoor, Stanley and Washington.

It has been the County Council's policy for some time to establish full Health Centres wherever these could provide a more comprehensive and co-ordinated health and welfare service for members of the community and the present progress has been possible because of the interest and co-operation of general practitioners.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

A. MATERNITY AND CHILD WELFARE CENTRES.

Despite the fact that a number of general practitioners in the county continue to hold special infant welfare sessions in their own premises for their patients attendances at County Council clinics remain high. Indeed there is an increasing demand by the public in many parts of the county for the establishment of new local authority clinics where these do not exist at present and for more sessions at existing clinics.

During 1968 the child welfare service was extended by commencing clinics at Medomsley, Kibblesworth and Grange Villa and a health centre was opened on the Leam Lane Estate, Felling. The mobile clinic continued to be fully utilised and the second caravan, mentioned in my 1967 report will come into operation for maternity and child welfare work and medical examinations in schools early in 1969. Requests for the service have been received on behalf of several villages, and these will be considered when the vehicle's programme is being planned.

1. *Ante-natal clinics.*

The number of expectant mothers attending the local authority clinics for their ante-natal care continued to decline, and the number of centres at which ante-natal sessions were held (11) was five less than in the previous year. This trend will continue as more general practitioners start their own ante-natal clinics. Expectant mothers who request this continue to be examined by local authority medical officers at infant welfare sessions in areas where demand does not justify a regular ante-natal clinic.

Details of attendances for the past four years are as follows :—

			1965	1966	1967	1968
No. on clinic register	...	...	1,457	1,253	1,318	767
Total attendances	...	...	6,065	5,191	4,590	3,023
Average attendance per session	...	...	5	5	6	4

2. *Mothercraft and Relaxation Classes.*

Classes were held at forty-two welfare centres. Details of the attendances compared with previous years were as follows:—

	1965	1966	1967	1968
Mothers attending ...	955	1,331	1,675	1,536
Total attendances ...	4,499	7,231	9,991	8,752
Average attendance/session ...	6	5	5	5

3. *Post-Natal Clinics.*

Examination of mothers six weeks after confinement was carried out at welfare centres either a special sessions when advice on family planning is also available or at one of the other welfare centre sessions. The post-natal clinics held at six centres were attended by 36 mothers on 53 occasions and 88 examinations were carried out at other sessions.

4. *Child Welfare Clinics.*

Details of the attendances were:—

	1965	1966	1967	1968
No. on clinic registers ...	35,280	36,137	37,006	32,147
Total attendances ...	169,507	172,845	178,187	141,672
Average attendance/session ...	27	24	25	22

5. *Mothers' Clubs.*

With the advice and help of the health visitors a number of these clubs are now being run by groups of mothers in the county. There are now fifteen clubs being held either fortnightly or monthly in welfare centres.

6. *Health Visitor Sessions.*

The success of these sessions at which the screening tests of hearing are carried out continues. It is often valuable for health visitors to be able to arrange to see mothers by appointment at these sessions where more time can be taken to discuss family problems and the care of the children. The total attendances at these sessions was 10,770 the average per session being twelve.

7. *Birth Control Clinics.*

Advice on family planning was sought by 511 mothers at special sessions held in eleven local authority centres. The total attendance for 1968 was 1,313 compared with 2,544 in 1967. In accordance with Ministry of Health Circular 5/66 assistance has now been given to the Family Planning Association in the setting up of five clinics in maternity and child welfare centres.

The National Health Service (Family Planning) Act, 1967 confers on Local Health Authorities a general power to make arrangements for the giving of advice on contraception, the medical examination of persons seeking such advice and the supply of contraceptive substances and appliances.

The County Council decided to continue to provide this in medical cases only and in local authority clinics these are provided free of charge whilst in the case of patients referred to the Family Planning Association on medical grounds the annual fee and cost of supplies is now being borne by the County Council. During 1968 116 patients were so referred.

8. *Artificial Sunlight Clinics.*

The number of centres where these sessions were held was 9 at the end of the year. The total of attendances was 981 and the following compares the figures for 1968 with those of previous years.

				1965	1966	1967	1968
Patients treated	...	...	...	385	316	213	80
Total attendances	...	...	...	4,392	3,522	2,264	981
Number of sessions	...	...	...	1,545	887	566	374
Average attendance/session	...	...	...	3	4	4	3

This trend follows the policy of only referring cases when the anticipated benefit from U.V.R. can really be justified.

9. *“At Risk” Register and Congenital Malformations.*

In an attempt to ensure that there is the earliest possible ascertainment of physical or mental defects of the newly born child, a list is kept of those children where pre-disposing factors existed in the ante-natal and post-natal periods. These children are seen routinely at intervals after delivery.

At the end of the year there were 4,092 names on this register, compared with 3,500 at the end of 1967.

Arrangements continued for the notification to the Registrar General of congenital malformations apparent at birth.

Cases normally resident outside the county area are investigated and the relevant information forwarded to the appropriate local health authority. Similar arrangements are in being for cases occurring outside the administrative county area. During the year 153 cases were added to the County Council register and appropriate notifications forwarded to the Registrar General. Notifications were also forwarded in respect of congenital malformations found in 35 stillborn children.

Together with those other children whose names are on the “at risk” register, these infants are visited regularly and advice given to parents.

10. *Audiology Services.*

The audiology service as outlined in my 1967 report is being implemented. There are now two peripatetic teachers in the County visiting children under five years to give advice where necessary. Where appropriate health visitors visit homes to screen children, hearing assessment clinics are to be established in 1969 and children under two years may be sent to partially hearing units.

Patients' cases are discussed by medical officers, the Organiser for Deaf Education and health visitors.

11. Welfare Foods.

Members of voluntary committees continued to make a valuable contribution to the work of the department by accepting responsibility for the distribution of welfare foods at 66 centres. National dried milk and vitamin preparations were obtainable from 115 centres including all child welfare clinics and 29 other premises.

The following statement shows the amounts issued during the year together with comparative figures for 1966 and 1967:—

						1966	1967	1968
National dried milk (tins)	...	...	...	...	...	110,030	81,942	61,620
Orange juice (bottles)	...	...	...	...	...	148,429	151,259	113,694
Cod liver oil (bottles)	...	...	...	...	...	17,761	17,025	14,479
Vitamin tablets (packets)	...	...	...	...	...	8,202	7,737	5,802

B. DENTAL TREATMENT OF MOTHERS AND YOUNG CHILDREN.

Treatment for the priority Dental Service was carried out at 20 permanent clinics and 7 mobile dental vans.

During 1968 there was a drop in the number of mothers coming to the clinics for treatment. Thus the number of fillings and extractions for mothers has decreased.

As regards pre-school children the numbers attending the clinics have decreased slightly. The number of fillings carried out on pre-school children has increased and the numbers of extractions has continued to decrease which fortunately means that mothers are bringing their children early enough to the clinics for conservation treatment.

Attendance figures for 1968 were:—

						Mothers.	Children.
First visits ...	...	...	...	...	...	146	291
Subsequent visits ...	...	...	...	...	...	234	281
Total visits ...	...	...	...	...	...	380	572
Additional courses of treatment commenced	...	...	...	...	...	—	47
Fillings ...	...	...	...	...	...	199	430
Teeth filled ...	...	...	...	...	...	169	378
Teeth extracted ...	...	...	...	...	...	212	364
General Anaesthetics ...	...	...	...	...	...	34	127
Emergencies ...	...	...	...	...	...	6	27
Patients X-rayed ...	...	...	...	...	...	18	3
Prophylaxis ...	...	...	...	...	...	68	61
Teeth otherwise conserved ...	...	...	...	...	...	—	67
Courses of treatment completed ...	...	...	...	...	...	119	168
Patients supplied with full upper or lower denture (First time)	...	...	...	...	...	14	—
Patients supplied with other dentures ...	...	...	...	...	...	34	—
Number of dentures supplied ...	...	...	...	...	...	58	—
First inspections ...	...	...	...	...	...	90	334
Requiring treatment ...	...	...	...	...	...	68	194
Offered treatment ...	...	...	...	...	...	62	190

C. CARE OF UNMARRIED MOTHERS AND THEIR BABIES.

Unmarried expectant mothers are accommodated in appropriate cases at the County Council's mother and baby home, Smelt House, Howden-le-Wear, where there are 17 beds and 9 cots. The number of expectant mothers admitted during 1968 was 78 and the average length of stay was five weeks before confinement and three weeks after discharge from hospital.

When there were no vacancies at Smelt House and in cases where it was considered advisable that a mother should be accommodated elsewhere, other arrangements were made and for these reasons 42 expectant mothers were admitted to homes outside the county.

D. E. F. PEILE HOME, SHOTLEY BRIDGE.

This convalescent home, which is administered by the County Council, has accommodation for nine mothers with infants and 24 children.

Recommendations for convalescence were made by general practitioners, assistant welfare medical officers, health visitors and hospital medical social workers and 79 mothers, 41 infants and 152 children were admitted during 1968. The average duration of stay was 23 days for mothers, 19 days in the case of infants and 25 days for children.

The E. F. Peile Home is approved by the Department of Health and Social Security for the training of nursery nurses, and five students were under training at the end of the year.

E. DAY NURSERIES.

The day nurseries at Haverton Hill, Durham Road, Stockton and Norton Road, Stockton were transferred to Teesside County Borough on 1st April. The remaining day nursery at Hebburn, which is approved for training purposes, provides 65 places and the average attendance during 1968 was 49.

Information regarding registered nurseries and daily minders is given in Section G.—Page 60

F. COUNTY FEDERATION OF VOLUNTARY WORKERS.

Quarterly meetings continue to be held and members benefit from talks given by workers engaged in a specific field as well as the exchange of ideas and information regarding the various services.

G. PERINATAL MORTALITY.

During the year there were 350 perinatal deaths (stillbirths plus deaths in the first week of life) compared with 434 in 1967.

An investigation first started in 1956 and continued annually in the Stanley and Consett Urban Districts into the circumstances of all stillbirths and early neonatal deaths and including post mortem examinations of the infants has continued. The results of these investigations are reported at meetings of general practitioners, hospital medical staffs and local health authority medical officers in the area. Information on the cause of death, associated avoidable factors, etc. is provided and discussed.

The importance of adequate ante-natal care and proper selection of hospital cases becomes very obvious during these investigations. The co-operative effort between general practitioners, hospital and local health authority services is found to be very beneficial.

H. PREMATURITY.

The number of premature live births fell in 1968 to 812 compared with 1,072 in the previous year. The proportion of all live births which were premature for the two years was 6.1% and 6.7% respectively.

Three quarters of the infants who died during the first year of life were premature and the majority of these deaths occurred during the first month.

The neonatal mortality rate of premature babies was 120.6 per 1,000 premature live births compared with a rate of 5.0 for mature infants.

Details of premature births according to place of delivery and birth weight are given below :—

Weight at Birth.	Born in Hospital.			Born at home or in a nursing home.					
				Nursed entirely at home or in a nursing home.			Transferred to hospital on or before 28th day.		
	Total Births.	Died within 28 days.	% died.	Total Births.	Died within 28 days.	% died.	Total Births.	Died within 28 days.	% died.
2 lb. 3 oz. or less ...	27	26	96.3	—	—	—	—	—	—
2 lb. 3 oz.— 3 lb. 4 oz. ...	64	32	50.0	1	1	100	—	—	—
3 lb. 4 oz.— 4 lb. 6 oz. ...	166	27	16.3	4	2	50	10	3	30
4 lb. 6 oz.— 4 lb. 15 oz. ...	191	5	2.6	2	—	—	5	1	20
4 lb. 15 oz.— 5 lb. 8 oz. ...	364	8	2.2	49	2	4.1	3	1	33.3
Totals ...	812	98	12.1	56	5	9.0	18	5	27.7

Care of Premature Infants Born at Home. Equipment for the home nursing of premature infants, including lined "Sorrento" cots, with mattress, blankets, sheets, hot water bottles, gamgee outfits and "Belcroy" feeders is available at short notice to any midwife who requires it.

There is a special unit for premature infants at both the Richard Murray Hospital, Blackhill, and Dryburn Hospital, Durham, and, if in other areas, institutional treatment is considered desirable the general practitioner arranges admission to a paediatric unit.

An incubator for the transport to hospital of premature babies is kept constantly warmed at the Ambulance Headquarters, Framwellgate Moor, and arrangements are in operation for the use of incubators based at Newcastle upon Tyne, Darlington, Gateshead, South Shields, Sunderland and Hartlepool Ambulance Depots and at four hospitals in the County area.

I. MATERNAL MORTALITY.

The following are details of maternal mortality in the county during the past ten years :—

		<i>Births registered (live and still).</i>	<i>No. of Maternal deaths.</i>	<i>Maternal Mortality Rate. per 1,000 births registered.</i>
1959	...	17,384	6	0.35
1960	...	18,045	6	0.33
1961	...	17,806	5	0.28
1962	...	18,269	6	0.33
1963	...	17,983	4	0.22
1964	...	18,087	2	0.11
1965	...	17,940	4	0.22
1966	...	17,293	2	0.12
1967	...	16,288	2	0.12
1968	...	13,506	7	0.52

As in the past details of all maternal deaths are scrutinised by a Regional Consultant who reports direct to the Department of Health and Social Security on the existence of avoidable factors. This decision is arrived at after consideration of information collected by me from appropriate sources, e.g. general practitioners, hospitals and local health authority services.

J. MATERNITY LIAISON COMMITTEES.

During the year there were meetings of two Maternity Liaison Committees in the area, at Sunderland and Shotley Bridge.

SECTION 23—MIDWIFERY

(i) STAFF.

At the end of the year 64 district midwives and 17 district nurse-midwives, (who spent approximately half their time on midwifery duties) were employed and relief work was undertaken by four midwives. Difficulties in recruitment resulted in a shortage of staff in certain areas and the services of four midwives were retained beyond normal retirement for this reason.

Car allowances were paid to 64 district midwives who used their own cars on duty.

The following numbers of midwives gave notice of intention to practice in the administrative county during the year :—

District midwives	...	...	...	...	...	82
District nurse-midwives	...	...	...	...	...	19
Midwives in hospitals	...	...	...	...	...	130
Midwives in private practice	...	...	...	...	...	3
						<hr style="border-top: 1px solid black;"/>
						234
						<hr style="border-top: 1px solid black;"/>

(ii) CASES.

Although domiciliary confinements continued to decrease, a greater proportion of patients were discharged from hospital before the tenth day. The percentage of those patients returning home within 48 hours of delivery also increased. A doctor was present at 17% of the domiciliary confinements.

	1966	1967	1968
Domiciliary confinements during the year	4,927 (29%)	4,123 (26%)	3,051 (23%)
Total hospital confinements	12,321 (71%)	12,031 (74%)	10,364 (77%)
Hospital patients discharged before the tenth day	5,840 (47% of hospital deliveries).	6,039 (50% of hospital deliveries).	5,987 (58% of hospital deliveries).
Hospital patients discharged within 48 hrs. of delivery	—	1,226 (10% of hospital deliveries).	1,125 (11% of hospital deliveries).

It is recognised and accepted that if the maternal and perinatal mortality and morbidity rates are to be reduced further, certain expectant mothers belonging to the "high risk" groups should be delivered in hospital, where any complications occurring can be recognised and dealt with without delay. Unfortunately, because of the shortage of hospital maternity beds it is at present quite impossible to achieve this objective. However, greater use is being made of the available beds by discharging selected mothers earlier than the accustomed tenth day.

While this practice can be valuable, it must be done in a controlled way, good co-operation must exist between all sections of the maternity service—and there must be pre-planning, unity of purpose and continuity of care.

In addition to reporting any abnormality in a mother or baby, details about infants considered to be "at risk" were notified to me so that these children could be registered and kept under supervision.

In order to improve the liaison in the domiciliary maternity services midwives continued to attend a number of ante-natal clinics held by general practitioners in their surgeries, and it was possible to make more of these arrangements during the year.

Midwives attended courses on relaxation and mothercraft and continued to put the training into practice at ante-natal and child welfare clinics.

The following gives details of work undertaken during 1968:—

	Doctor not booked.		Doctor booked.		Totals.	Discharges from hospital before 10th day.
	Doctor present at delivery.	Doctor not present at delivery.	Doctor present at delivery.	Doctor not present at delivery.		
District midwives and nurse-midwives... ...	16	48	488	2,477	3,029	5,984
Midwives in private practice ...	—	—	17	5	22	3
Total	16	48	505	2,482	3,051	5,987

The midwives requisitioned medical help on 1,129 occasions, and the following statement gives particulars as to the reasons for so doing:—

1. Ante-natal examination—general	...	...	...	...	...	...	...	80
2. Ante-natal examination—albuminuria	...	...	...	...	...	...	...	124
3. Threatened miscarriage	...	...	...	...	...	...	...	10
4. Miscarriage	...	...	...	...	...	...	...	9
5. Contracted pelvis, disproportion between child and pelvic outlet	...	...	...	...	...	...	...	1
6. Malpresentation	...	...	...	...	...	...	...	75
7. Ante-partum haemorrhage	...	...	...	...	...	...	...	47
8. Placenta praevia	...	...	...	...	...	...	...	5
9. Prolonged or delayed labour, uterine inertia	...	...	...	...	...	...	...	140
10. Post-partum haemorrhage	...	...	...	...	...	...	...	41
11. Retained or adherent placenta or membranes	...	...	...	...	...	...	...	17
12. Ruptured perineum	...	...	...	...	...	...	...	308
13. Premature birth	...	...	...	...	...	...	...	25
14. Puerperal pyrexia	...	...	...	...	...	...	...	13
15. Other conditions of mother	...	...	...	...	...	...	...	60
16. Inflammation of child's eyes	...	...	...	...	...	...	...	10
17. Congenital malformation	...	...	...	...	...	...	...	13
18. Other conditions of baby	...	...	...	...	...	...	...	129
19. Stillbirth	...	...	...	...	...	...	...	3
20. Other reasons	...	...	...	...	...	...	...	19

(iii) COURSES AND TRAINING.

Lectures by senior nursing administrative staff were given to groups of pupil midwives, and domiciliary midwifery training continued under the supervision of seven teaching midwives. All of the 23 pupils were successful in Part II of the examination of the Central Midwives Board.

Post graduate courses were attended by 17 district midwives in accordance with the rule of the Central Midwives Board.

SECTION 24—HEALTH VISITING.

Staff shortages continued throughout the year. The number of students who completed their contracts did not make up for the loss of staff due to retirement or transfer to other parts of the country. This movement is increasing as the number of young, married staff increases.

The admission of part-time staff has not resulted in any great gain, as these tend at the moment to regard their appointments as temporary while in transit, and are liable to family crises affecting their employment. A number of staff previously doing full-time duty elected during the year to continue part-time. The Teesside Order resulted in four health visitors being transferred to the new Teesside Authority. Four new appointments as area superintendent health visitors were made during the year, with headquarters at Stanley, Houghton-le-Spring, Bishop Auckland and Durham respectively. An initial meeting of staff was held in each of these areas and the usual full staff meetings were held on the first Saturday morning in March, May, October and December.

The policy of providing regular training for staff was continued. Twenty-five health visitors attended a course of training in the ascertainment of deafness in young children, and forty-eight health visitors attended a course on sociology. Eighteen health visitors attended a one-day course on family planning and a number of staff attended a lecture on "Rhesus Iso Immunisation" by a consultant obstetrician. Two area superintendents and three senior health visitors commenced a course on "Management" at the Durham Technical College, one County deputy and two area superintendents attended a similar course out of County.

In an endeavour to assess the best and most economical way in which to use the health visitors' skills, valuable discussions were held with nursing officers of the Ministry of Health and the professional advisers to the Health Visitors' Training Council.

There were more applicants for sponsorship for the student health visitors' training course due to the change in entry requirements, it being no longer necessary to have a full midwifery or part I certificate. An entry requirement of three months' "obstetric" course led to a number of students being sponsored by the County Council for the obstetric certificate at a number of local hospitals prior to their taking the health visitor student course.

HEALTH EDUCATION.

Great assistance was given to health visitors by the Health Education Officer and his staff. A monthly topic was planned with demonstration material and other aids.

A preview of health education material and equipment was arranged in a number of major centres where staff were able to view at a convenient time. Mothercraft and relaxation classes continued and numbers attending fluctuated. These classes and the health visitor sessions provided a good opportunity for health education.

Three health visitors continued contact tracing and health education in relation to venereal disease.

SCREENING TESTS FOR PHENYLCETONURIA.

17,907 tests for phenylketonuria were carried out. In previous years one test was carried out, except in doubtful cases, but during the latter part of this year two tests were done at approximately two weeks and four weeks. Some of the children born in hospital were tested with the Guthrie test. One case of phenylketonuria was admitted to hospital for further investigation under the care of a Consultant Paediatrician, one case was transferred into the County and is continuing treatment, and two cases proved to be negative after tests in hospital.

DETECTION OF HEARING DEFECTS IN YOUNG CHILDREN.

Screening tests of hearing were carried out during the year on children from seven months to five years at the child welfare centres and occasionally in the home, all children in this age group being eligible for testing.

IMMUNISATION AND VACCINATION.

Advice continued to be given on the immunisation and vaccination of children under five years, the computer being used initially in one area to store information for all births from January, 1967, and to make appointments at the child welfare clinics or the general practitioner surgeries.

Heaf testing for tuberculosis infection and follow-up of positive school entrants continued during the year. Health visitors continued to carry out and assist in the immunisation and vaccination of older groups.

TUBERCULOSIS.

Close liaison with the chest physicians was maintained. Health visitors continued to advise tuberculous cases and their families in their own homes. Contacts were advised regarding the spread of infection, and advice was given to domestic helps working with these families. Health visitors continued tuberculin testing in chest clinics, schools and in homes in the Durham and Felling areas.

THE MENTALLY SUBNORMAL.

Advice was given to the mentally subnormal and their families in their own homes. Co-operation continued with the mental welfare officers and in some cases work was undertaken together.

HEALTH VISITOR AND GENERAL PRACTITIONER LIAISON SCHEME.

Health visitors made further efforts to increase the liaison with general practitioners, although no complete "attachments" were arranged. There was an increase in the number of health visitors visiting general practitioners regarding cases of mutual interest, particularly in the case of general care and management of the under five, the aged and infirm and in community care after discharge from hospital.

HOSPITAL FOLLOW-UP.

Health visitors continued to co-operate with hospital medical staff and medical social workers. Cases were investigated prior to and following hospital discharge, advice being given on all aspects of community care. Investigations continued in cases for admission to maternity hospitals on social grounds.

THE AGED.

The aged were visited at home according to need, the health visitors co-operating both with statutory and voluntary bodies in keeping the aged healthy, mobile and socially involved. Co-operation continued with medical social workers and general practitioners.

SUMMARY OF THE WORK DONE BY HEALTH VISITORS.

The work of the health visitors for 1967 and 1968 is summarised below.

Maternity and Child Welfare :—

										1967	1968
Ante-Natal First visits	...	...	...	...	...	...	...	...	...	4,951	3,840
Revisits	...	...	...	...	...	...	...	...	...	2,307	1,497
Births First visits	...	...	...	...	...	...	...	...	...	16,664	13,602
Revisits to children under 1 year	...	...	...	...	...	...	...	...	...	43,571	36,660
Revisits to children 1-5 years	...	...	...	...	...	...	...	...	...	126,779	101,996
Revisits to children 5-6 years	...	...	...	...	...	...	...	...	...	149	25
Other visits	...	...	...	...	...	...	...	...	...	6,284	6,357

Total ... 200,705 163,977

Tuberculosis :—

First visits	...	...	...	...	...	...	...	...	...	467	425
Revisits	...	...	...	...	...	...	...	...	...	3,962	2,442
Other visits	...	...	...	...	...	...	...	...	...	576	445

Total ... 5,005 3,312

School Work :—

School Children (Home visits)	...	...	...	...	...	...	...	...	...	7,744	5,651
School Children (School visits)	...	...	...	...	...	...	...	...	...	1,860	1,801

Total ... 9,604 7,452

General Health :—

Visits	8,502	7,143
--------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-------	-------

Mental Subnormality :—

Visits paid to mentally subnormal persons	4,046	1,801
---	-----	-----	-----	-----	-----	-----	-----	-----	-----	-------	-------

Aged People :—

Visits	22,630	16,231
--------	-----	-----	-----	-----	-----	-----	-----	-----	-----	--------	--------

Summary :—

Total number of visits	290,992	233,177
------------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	---------	---------

Time (as days) spent on visits (routine, other and ineffective)	13,272	11,761
---	-----	-----	-----	-----	-----	-----	-----	-----	-----	--------	--------

STAFF.

At the end of the year the health visiting staff numbered 99 including seven working part-time only. Staffing remained much below establishment during the year.

SECTION 25—HOME NURSING

(i) STAFF.

In addition to 92 whole-time district nurses on the staff at the end of 1968 there were 17 district nurse-midwives who spent approximately half their time on home nursing duties. A further 27 nurses were employed on relief work during the year. Difficulties in recruitment resulted in a shortage of staff in certain areas and the services of one district nurse were retained beyond normal retirement age for this reason.

At the end of the year 81 nurses and 15 nurse-midwives were authorised car users.

(ii) CASES.

The total number of cases dealt with and visits paid by home nurses during 1968 showed little change from the previous year. Of the total case load 55% were over 65 years of age and this group received 63% of the visits paid.

The "Night Sitters" service for cancer patients in the terminal stages of their illness continues with the financial support of the Marie Curie Memorial Foundation.

Help has continued to be given in the form of grants of money for extra nourishment through the Foundation.

Good liaison between nurses and general practitioners was maintained and there were more contacts with medical social workers in the care of patients discharged from hospitals.

(iii) COURSES AND TRAINING.

Student nurses from Shotley Bridge General Hospital, Bishop Auckland General Hospital, Sedgefield General Hospital and Dryburn Hospital accompanied home nurses for observation visits on the district as a part of their training, and lectures on home nursing were given to them and also to student nurses at Sedgefield General Hospital by senior nursing administrative staff.

Seven district nurses were seconded to the training school at Newcastle upon Tyne for district nursing training all of whom were successful in passing the examination.

Home nursing statistics are given in Table 6—Part III.

SECTION 26—VACCINATION AND IMMUNISATION

DIPHTHERIA, WHOOPING COUGH, TETANUS, POLIOMYELITIS, MEASLES AND SMALLPOX.

A new schedule of vaccination and immunisation, based on advice from the Ministry of Health, was introduced in one area in June and throughout the rest of the County in September. Under this schedule, which is detailed below, primary immunisation against diphtheria, tetanus and whooping cough, and vaccination against poliomyelitis, is completed when children are twelve months old, as compared with five months and eight months of age respectively under the schedule previously used. This delay in completing primary courses explains the reduction in the number of children born in 1968 who completed primary courses during the year, compared with the number of children born in 1967 who completed primary courses during their year of birth.

Age.	Vaccine.
4 months	Triple (diphtheria, whooping cough and tetanus) and poliomyelitis (1st)
6 months	do. (2nd)
12 months	do. (3rd)
13 months	Measles
14-24 months	Smallpox
4 years	Diphtheria, Tetanus and Poliomyelitis Booster Smallpox Re-vaccination

It will be seen from the schedule that an additional protection, against measles, has been introduced. This vaccination is normally given when children are thirteen months old, but during the year efforts have been made to ensure the protection against measles of all children between the ages of thirteen months and fifteen years. By the end of the year 14,041 eligible children had been so protected. The scheme is continuing and it is planned that all eligible school children will have been offered vaccination by 31st March, 1969.

Concentration on vaccination against measles of children in schools has inevitably resulted in the postponement of other schemes of immunisation and vaccination of school children, and this is reflected in a reduction in the numbers of school children protected during the year in such other schemes.

Leaflets drawing attention to the need for children to be protected against these diseases and giving details of the facilities available for vaccination and immunisation are sent to parents by post when their children attain the age of four months. Further leaflets are despatched when children are one year old.

The health visitors are supplied with details of the vaccination and immunisation state of children in their areas so that they may, during their routine visiting, encourage parents to take advantage of the facilities. Advice is also given by assistant welfare medical officers and health visitors at child welfare centres.

The vaccinations and immunisations are carried out by the general practitioners at their surgeries and by the assistant welfare medical officers at child welfare centres.

During the year schemes of vaccination and immunisation were undertaken in infant schools in all parts of the County.

COMPUTER CONTROL OF IMMUNISATION AND VACCINATION.

As mentioned in my last report a computer operated system of appointments for immunisation and vaccination applicable to general practitioners and child welfare centres was introduced in one area of the County in June. This project has proved most successful, with all general practitioners in the area concerned participating. The system is to be extended to other areas during 1969.

Information relating to children born on or after 1st January, 1967, is stored in the computer. This information consists of the child's name, date of birth, address, National Health Service number, parental consent to immunisation, a number reference for the general practitioner and an indication of parental preference for immunisation to be carried out at either the general practitioner's surgery or at the local child welfare centre. The computer also holds a programme of the current immunisation and vaccination schedule.

Each week, information relating to the availability of general practitioners' surgeries and child welfare centres is fed into the computer which then scans the records of all children and selects those who are due for a procedure of any kind. A list is printed for each general practitioner's surgery and welfare centre giving the name of each child and the immunisation procedure to be carried out. Postcards addressed to parents, giving details of the appointment, are also produced.

The doctor can indicate on the clinic list, whether a child attended and was immunised, or did not attend, and in this latter case whether an excuse was received. For smallpox vaccination, space is provided for the type of reaction to be recorded.

After a session has been held, information from the completed list is fed back to the computer and the master record is up-dated. Should a child fail to attend for four consecutive appointments without a reason being given, the health visitor is requested to make a home visit.

Each month the computer produces lists of payments due to general practitioners and these are passed to the Executive Council. Cards giving details of anti-tetanus injections are produced for retention by parents.

Because of the introduction of the new schedule of immunisation and vaccination, mentioned at the beginning of this section, it is rather early at this stage to assess whether or not computer control has succeeded in improving acceptance rates, although parental consents have been received for 86 per cent of children born in 1967 and 96 per cent of children born in 1968.

SECTION 27—AMBULANCE SERVICE

1. PRESENT ARRANGEMENTS.

The service operates by means of a central control at Framwellgate Moor, Durham, one subsidiary message receiving centre, 17 ambulance depots, 135 ambulance vehicles and 352 staff.

These are distributed as follows:—

(a) Headquarters and Central Control Staff.

Ambulance Officer.	8 Assistant Controllers (Operations).
3 Staff Officers.	Assistant Controller (Planning).
Control Superintendent	12 Control Room Assistants.
Maintenance Officer.	3 Switchboard Operators.
3 Controllers (Operations).	2 Shorthand Typists (1 part-time).
Controller (Planning)	

(b) Depots.

	<i>Driving Staff.</i>	<i>Vehicles.</i>		<i>Driving Staff.</i>	<i>Vehicles.</i>		
Barnard Castle	...	2	1	New Herrington	...	24	8
Bishop Auckland	...	25	10	Newton Aycliffe...	...	15	5
Chester-le-Street	...	16	7	Seaham	...	16	6
Consett	...	16	6	Stanley	...	17	7
Crook	...	15	5	St. John's Chapel	...	3	2
Durham	...	29	12	Washington	...	16	6
Fishburn	...	19	7	Wheatley Hill	...	31	10
Hebburn	...	28	10	Winlaton	...	22	9
Middleton-in-Teesdale	2	1		Headquarters Pool	...	—	23

(c) Other Staff.

14 Depot Superintendents. 1 Liaison officer. 1 depot telephonist 4 mechanics.

To ensure that peripheral parts of the county are covered for emergency purposes the County Council has arrangements with the County Boroughs of Darlington, Hartlepool and South Shields, whereby the Borough ambulance services undertake journeys for the County Council a charge being made to the County Council. The charges made are on a mileage basis with a minimum call-out fee in the case of Darlington County Borough.

2. WORK UNDERTAKEN IN 1968.

Year.	No. of Journeys made.	No. of patients carried.			Total Mileage covered.
		Stretcher cases.	Sitting cases.	Total.	
1967	96,695	50,277	352,286	402,563	2,696,792
1968	84,755	47,467	316,523	363,990	2,467,313
Increase	—	—	—	—	—
Decrease	...	11,940	2,810	35,763	38,573
					229,479

Long Distance Journeys. The following is a statement of long distance journeys undertaken during the year:—

Cumberland	...	...	...	22	Yorkshire	...	...	...	...	17
Lancashire	...	...	...	2						
					Totals :	Journeys	...	...	41	
						Mileage	...	...	6,451	

In addition to the long distance journeys undertaken by ambulances, arrangements were made for 103 patients to be transported by rail. Trends and detailed statistics from 1948 are shown in Table 9, Part III.

Fifteen new ambulances entered the service during the year and orders were placed for a further fifteen to be delivered during the financial year 1969/70.

At the end of the year there were 135 vehicles operating, 5 less than at the end of 1967.

		<i>Ambulances</i>	<i>Dual purpose</i>
	<i>Conventional.</i>	<i>Conventional.</i>	<i>vehicles.</i>
Number of vehicles at beginning of year	59
Unserviceable and withdrawn during the year	5
New vehicles	1
Number of vehicles at end of year	55
			80

* Includes 5 conventional and 7 dual purpose vehicles transferred to Teesside C.B. on 1st April.

Four mechanics are employed and operate from the repair units located at Crook, Durham and Stanley. Major repairs are carried out at the Central Repair Depot of the Highways and Bridges Committee.

The Ambulance Service is one of the most expensive services provided by the Health Committee, costing an estimated £594,570. 0s. 0d. in the current financial year.

Telex equipment was installed at Headquarters and at nine depots and work was commenced on an improved telephone system. In addition, the use of the Robophone was extended to a number of hospitals during the year.

The extensions to the Headquarter building were completed during the year and work commenced on new depots at St. John's Chapel and Newton Aycliffe. Construction of a further new depot at Washington is planned to start in 1969.

On 1st April the staff and vehicles at the Stockton Depot were transferred to the new Teesside County Borough.

The establishment of driver/attendant was increased to allow for the recruitment of 20 permanent relief drivers, but a certain number of casual drivers still had to be recruited to cover holidays.

The arrangement entered into with the National Coal Board for emergency ambulance cover at weekends was extended for another year.

The arrangement was continued during the year in conjunction with the ambulance services of Newcastle and Northumberland whereby a twice weekly service to and from the Silloth Convalescent Home, Cumberland, was provided by one authority transporting from Newcastle to the Home and back patients residing in the two geographical counties and the geographical county of North Riding of Yorkshire. Each constituent authority is responsible for conveying its patients to and from Newcastle.

This Authority continues to be responsible for conveying cases of smallpox and suspected smallpox in the geographical counties of Cumberland, Northumberland and Durham and also the northern parts of Westmorland and the geographical county of North Riding of Yorkshire, as the smallpox hospital for these areas is at Langley Park. All drivers are offered annual revaccination against smallpox and annual arrangements are made for the protected drivers to visit Langley Park Hospital.

SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

I. TUBERCULOSIS.

Existing services operating in the county are as follows :—

A. B.C.G. Vaccination.

Routine vaccination is carried out by the chest physicians at the chest clinics and during the year 1,321 contacts were skin tested and 1,031 vaccinated.

Tuberculin testing and vaccination of all schoolchildren aged 11 years and upwards is arranged by the assistant county medical officers. During the year 8,833 school children were skin tested, 11% were found to be tuberculin positive and 7,180 were vaccinated.

144 students attending further education establishments were skin tested 24.3% were positive and 99 vaccinated.

B. Tuberculin Testing of School Entrants.

The tuberculin testing of school entrants to indicate if they have been in contact with a case of tuberculosis was continued. The skin tests are carried out by the health visiting staff one week prior to the scheduled medical examinations the result of the test being read by the school medical officer at the medical examinations. During the year 172 schools were visited, 6,434 children were skin tested and 81 (1.26%) were found to be tuberculin positive and referred to a chest physician for further investigation. Of these two were notified as new cases of tuberculosis.

C. Occupational and Diversional Therapy.

No occupational therapist is directly employed solely for the tuberculous but the staff dealing with the handicapped persons were available during the year. Use was made whenever possible of help which could be obtained from the Ministry of Social Security and voluntary agencies such as care committees and the British Red Cross Society.

D. Incidence and Mortality.

The number of primary notifications of respiratory tuberculosis received during the year was 230 and of non-respiratory tuberculosis 24, compared with 286 and 27 respectively in 1967. (See Tables 10, and 11—Part III). The total notifications for the year (254) show a decrease of 59 compared with 1967 and give an incidence rate for all forms of tuberculosis of 0.31 per 1,000 population, the rate for 1967 being 0.33.

Tables 12 and 13—Part III give the number of deaths from respiratory and non-respiratory tuberculosis under relevant age periods and in separate county districts and areas.

The number of deaths from respiratory tuberculosis (24) has decreased by twenty-nine. There were eleven deaths from non-respiratory tuberculosis in 1968, compared with six in 1967.

Tables 14 and 15—Part III give details of the incidence of tuberculosis since 1937.

Comparisons of the respiratory tuberculosis death-rate for the years 1964-1968 are shown below :—

	Rate per 1,000 living.	1964	1965	1966	1967	1968
Municipal Boroughs in the County	...	0.05	0.09	0.12	0.05	0.02
Urban Districts	...	0.07	0.06	0.06	0.04	0.03
Rural Districts	...	0.06	0.06	0.09	0.10	0.03
Administrative County	...	0.06	0.07	0.08	0.06	0.03*
England and Wales	...	0.05	0.04	0.04	0.04	0.04†

* This death-rate of 0.03 per 1,000 population is the lowest on record for this administrative county.

† Provisional.

Over the years, and particularly recently, the character and incidence of tuberculosis has changed, and is still changing considerably. The massive wide spread infections of the past have disappeared and as with many other previously endemic infectious diseases we have now reached the stage of having to deal with sporadic cases or small localised outbreaks. On examination of the statistics it is seen that while the trend found in the country as a whole over the last 20 years is similar to that in this county, rates were originally higher in the county, but decline has been more rapid and they are now similar.

II. VENEREAL DISEASES.

The venereal diseases treatment centres are administered by hospital management committees and the figures in Table 16—Part III, have been compiled from returns submitted by hospitals where such clinics are held, and are in respect of patients from the Administrative County who attended during the year. Patients very often prefer to attend a clinic outside the area in which they live so the incidence of disease in any area may not necessarily follow the pattern of any particular clinic. While new cases of syphilis decreased from 41 in 1962 to 15 in 1968 there was an increase from 108 to 191 new cases of gonorrhoea over the same period.

Social work was undertaken by three health visitors as a normal part of their duties, and the health visitor appointed by the Sunderland Authority continued to work in parts of the Administrative County and in South Shields, as well as in Sunderland.

III. CANCER.

Table 17 of Part III gives the number of cancer deaths in each sanitary district during 1968 tabulated to show the organs affected together with the sex and age incidence. The following are comparative statistics in respect of total cancer mortality (including lung cancer) for the administrative county and England and Wales for the past ten years.

YEAR.	DURHAM COUNTY.		ENGLAND AND WALES.	
	Deaths.	Death-rate	Deaths	Death-rate
1959	1,921	2.04	98,393	2.17
1960	1,895	1.99	100,169	2.19
1961	1,895	1.98	101,233	2.19
1962	2,002	2.08	102,852	2.20
1963	1,941	2.00	103,810	2.21
1964	1,912	1.97	106,194	2.24
1965	1,980	2.03	107,770	2.26
1966	2,100	2.14	108,142	2.25
1967	1,986	2.10	110,055	2.28
1968	1,801	2.19	*112,543	2.31

* Provisional.

Cancer of the lung has shown the only real increase in recent years. This trend is shown in the following mortality rates for the County.

Year.	Deaths.			Total Death-Rate per 1,000 population.
	Males.	Females.	Total.	
1959	345	56	401	0.42
1960	320	47	367	0.39
1961	355	47	402	0.42
1962	394	67	461	0.48
1963	405	52	457	0.47
1964	422	58	480	0.49
1965	407	63	470	0.48
1966	449	60	509	0.52
*1967	441	81	522	0.55
*1968	378	60	438	0.53

* Population reduced by boundary changes.

Cervical Cytology

The demand for cervical smear tests fell considerably during the year and sessions were arranged in the evenings, at various centres throughout the Administrative County as justified by the demand.

Although from time to time, the local press gave publicity to the smear test and an occasional press notice inviting applications for appointments for the test from women aged 30 years and over living in the Administrative County, were arranged, the response was again disappointing.

During February and April, five evening sessions were arranged at the Student Health Centre of Durham University for members of the staff and wives of the staff of the university. These were arranged in conjunction with the University Medical Officer and the response was satisfactory.

The doctors, nurses and clerical staff who ran the sessions were ably assisted by the voluntary services of the British Red Cross Society members and members of the nursing corps of the St. John Ambulance Service. Considerable help and co-operation was also given by the Regional Hospital Board staff at the various screening centres to which the smears are sent for screening.

During the second half of the year, some difficulty was experienced in arranging medical staff to assist at the sessions and this limited publicity to a certain extent, although health visitors continued to give advice regarding the test, whilst carrying out their other duties.

During the year, 1,959 smears were taken and the number of positive cases detected was 12.

In addition to the sessions held specifically for such tests, the cervical smear test was one of the tests carried out at the Multiple Screening Clinic held at Chester-le-Street during August, and the number of smears taken at this Clinic was 551. The number of positive cases detected was 5.

Since the service was introduced in August, 1965, 18,515 smears have been taken and the incidence of positive cases was 6.9 per 1,000.

Madam Curie Foundation.

In addition to acting as agents for the "Night Sitter" Service the County Council also acted for the Madam Curie Memorial Foundation in the provision of extra nourishment and clothing for cancer patients.

IV. NURSING EQUIPMENT.

A central store of appliances is maintained in the Health and Welfare Department and a local store of smaller articles of equipment at Chester-le-Street. Stores are also maintained at Easington. Issues are made on the recommendation of a doctor, health visitor, district nurse or medical social worker. Visiting officers notify the Health and Welfare Department when the equipment is no longer required.

Liaison with medical social workers of the hospitals receiving patients from the administrative county is maintained.

Over 90 different items were provided during the year.

All types of nursing equipment are issued on loan free of charge.

V. CONVALESCENT HOMES.

During the year arrangements were made, on medical recommendation, for the admission of 57 county patients to convalescent homes for recuperative holidays as follows :—

Silloth Convalescent Home 5	Rose Joicey Home, Whitburn ...	52
-------------------------------	-----------	--------------------------------	----

In 42 instances the County Council was responsible for the full maintenance charges and in the remaining 15 cases contributions were required from the patients or their families.

Applications from 25 other patients were withdrawn for various reasons.

VI. HEALTH EDUCATION.

The staff of the section was augmented by the appointment of Mr. P. T. Nash as Assistant Health Education Officer on 2nd February. The work of the section has continued to develop during the year with the extension of established projects and experiments with new ones.

Information Services.

The Health and Welfare Services Handbook has now been completely revised. The policy of sectional revision has been found satisfactory and no new addition will be required for two to three years.

An Audio-Visual Aids Catalogue is produced for the staff of the Department, giving details of all the materials which are available from the section.

An information service is provided for Health and Welfare Department staff and any other individual who requires assistance. The section regularly assists student teachers with sources of audio-visual aids. This service is now being requested from an increasing number of schools which require assistance with lessons and projects and subjects such as smoking, home safety, etc.

Monthly Topic.

The co-ordinated distribution of publicity material and audio-visual aids has been the subject of considerable development in 1968. Posters and pamphlets are now distributed each month to 65 clinics and a supply is carried by the mobile caravan. These visual aids are always supplemented by other posters, pamphlets, slides, cassettes, flannelgraphs, etc. on whatever subject is being publicised. Subjects in 1968 have included nutrition, immunisation, care of the feet, mental health, food hygiene and various cancer education and home safety topics.

Two exhibition units were produced for use in connection with the monthly topic. These units consist of automatic slide projectors which are synchronised to twin track tape recorders. The slides are changed automatically by impulses from the tape recording. The unit is compact when assembled and is designed for use in busy child welfare clinics where there is constant traffic.

Wherever possible, as many activities of the section and as many communications media as possible are involved with the monthly topic programme. The County Show Exhibition this year was on the subject of mental health and services for the mentally handicapped. The monthly topic in June was on the same subject and designed to fit in with the national Mental Health Week programme. The exhibition used in the County Show on 2nd and 3rd August was also used at Consett Show on 9th and 10th August. Copies of these exhibitions were also used simultaneously at open days at six mental health training centres during Mental Health Week. During this period, the training centres all held open days.

Visual Aids and Health Education Advisory Services.

Since the appointment of Mr. Nash this service is extending rapidly. There has been a continuous extension in the stocks of material and machinery. It is now possible for all staff to have audio-visual facilities either permanently or for short periods. These materials include a variety of cine and still projectors, portable and permanent display boards, flannelgraph boards, etc. It is now increasingly possible to offer advice to staff on the availability and suitability of materials and to assist with long-term planning of programmes.

Health and Education in School.

The Health Education Advisory Committee continued to meet during the year and a basic syllabus was designed for consideration by the Committee. When the detailed content of the syllabus has been finalised it will be implemented experimentally in the 1969/70 school year in a number of schools.

Several other experimental courses were started during the year and a number are in an advanced state of planning for 1969.

Northumberland and Durham Area Home Safety Council.

The quarterly meetings of the Council continued during the year. This organisation has two main functions; to inaugurate action with manufacturers and match national organisations on particular hazards and equipment and to act as a forum of ideas for Local Authority Home Safety Committees in the region. Arrangements exist for the equipment and advisory resources of the health education section to be available to local Home Safety Committees on request.

VII. CHIROPODY.

This service, initially provided by voluntary organisations in a limited number of areas of the Administrative County, was accepted as a County Council responsibility on the 27th February, 1963. At that time it was decided that in the first place aged persons and at a later date handicapped persons and expectant mothers would be eligible for free chiropody treatment. A County Council service was therefore started with the employment of full-time chiropodists and the schemes run by voluntary organisations who were employing registered chiropodists were reimbursed the cost of running approved schemes.

At the end of the year the staff consisted of the chief chiropodist, four full-time senior chiropodists and ten chiropodists working on a sessional basis.

One mobile clinic was in full time use and a second one was brought into operation, being in use on an average of a day and a half per week. This second mobile clinic has made it possible to extend the service to further remote areas. However, a shortage of registered chiropodists limits further extensions at present.

At present the County Council is financing 48 schemes run by voluntary organisations. Equipment, which includes chiropodist chair, dressings trolley and angle poise lamp, is loaned free of charge to schemes holding frequent regular sessions and items were issued to a number of new schemes.

The total number of treatments given in 1968 was 57,280, compared with 63,672 in the previous year.

The following statistics show the extent of the service given during the year:—

			Direct Service.	Voluntary Organisations.	Easington R.D.	Total.
Chief Chiropodists	1	Nil	Nil
Chiropodists (whole-time)	4	Nil	2
Chiropodists (part-time)	10	11	Nil
Treatment Centres	66	48	9
Persons Treated :—						
(a) Elderly	6,855	5,810	950
(b) Handicapped	Nil	Nil	Nil
Treatments :—						
(a) Elderly	24,541	23,005	5,068
(b) Handicapped	Nil	Nil	Nil

In addition, 1,047 residents in hostels for the elderly were given 4,666 treatments.

During 1968, grants amounting to £8,435. 13s. 11d. were made to voluntary organisations.

VIII. PROVISION OF INCONTINENCE PADS.

The demand for disposable incontinence pads increased during the year and the number of pads issued was 221,348 compared with 208,705 in 1967.

IX. MULTIPLE SCREENING CLINIC.

A pilot scheme for multiple screening of the general public was held in Chester-le-Street from the 12th to 23rd August, 1968. 1,000 appointments were made for persons over 15 years of age resident in the Chester-le-Street Urban and Rural districts. 971 appointments (184 men and 787 women) were kept and the following gives details of the number undertaking each test and of the outcome.

1. *Cervical Smear Tests*—557 women (over 25 years of age and not tested in the previous two years) were examined by this test, five positive cases being detected and referred for treatment.
2. *Anaemia Tests*. 952 persons were tested. 328 were screened as having some degree of anaemia and they were referred to hospital for further blood tests. Of these, only 21 were ultimately diagnosed as having an anaemia of any severity. However, some patients took treatment between the time they were screened and the time they attended hospital.
3. *Vision Tests*. 632 persons were tested. 329 failed the vision test and were referred for further examination, resulting in 38 being provided with spectacles for the first time and 121 having their lenses changed. Two of the persons tested were referred to an eye specialist by their own doctor.
4. *Diabetes Tests*. 936 persons were tested and 25 were referred to hospital as a result. Preliminary investigations eliminated 12 of these, the other 13 have had prolonged and exhaustive tests with the result that three mild cases of diabetes have been diagnosed. This result is particularly pleasing because, obviously, where the disease has been diagnosed, it is at an early stage.
5. *Chest X-rays*. 786 people were X-rayed. Of these, 11 persons were referred to chest physicians. Four patients were healthy in spite of abnormal or unusual X-rays and of the remaining seven, none had active pulmonary tuberculosis but their conditions varied from chronic chest trouble, like bronchitis, to healed disease.

Conclusion. The results show that a useful service has been provided on this occasion and that it may be of value to arrange similar clinics in the future. During 1969 arrangements will be made to hold a further multiple screening clinic in Chester-le-Street and two more clinics elsewhere in the Administrative County area.

SECTION 29—DOMESTIC HELP SERVICE

The demand for the service showed a further increase in 1968 and a greater number of households were provided with help than previously. The elderly, infirm and chronic sick comprised 86% of those receiving assistance and amongst the remainder were 30 families with special problems 17 of whom were still receiving help at the end of the year.

ORGANISATION.

Apart from the delegated area of Easington the County is divided into 17 areas, each supervised by an assistant organiser who engages and places the home helps. The assistant organiser investigates applications for help which are received from general practitioners, hospital and local authorities' medical and nursing staff and officers of other statutory and voluntary bodies, and also makes regular visits to the houses where helpers are employed to ascertain any changes in the circumstances and to ensure efficient deployment of staff to assist those with the greatest need.

All assistant organisers are employed full time and are encouraged to undertake the training course organised jointly by the Institute of Home Help Organisers and the N.A.L.G.O. Correspondence Institute. Future applicants for Assistant Organisers posts will be asked to undertake the course.

Talks about the service were given on seven occasions.

HOME HELPS.

The home helps are a body of practical social workers, with experience in running a home, care of the elderly and management of children. They comfort and counsel the people they serve and are encouraged to have a cheerful and optimistic outlook as well as sympathetic understanding of the needs of the elderly. Helpers attending cases of tuberculosis are tuberculin tested and have a chest X-ray when they are assigned to the case and annually thereafter, so long as they are in contact with the disease.

CHARGES.

The charge for the service was 6/11d. per hour at the end of December but the amount payable was reduced in accordance with the scale of charges which takes into account the ability of the family or individual to pay. 95% of the total cases receive a free service.

Cost.

The estimated cost of the service for the financial year, 1968/69, was £608,000—£738 per 1,000 population. Although costly it is a most valuable community service, frequently making the difference between hostel or hospital admission and independence and continuing life in the community. Its more intangible value of dispelling loneliness, providing advice, support and the early ascertainment of specific needs is beyond question.

The following is a summary of the work accomplished :—

Cases being assisted at 1st January, 1968	...	...	...	...	...	...	...	6,889
*New cases assisted during the year	...	...	...	...	...	...	...	2,835
Total number of cases assisted during year	...	...	...	...	...	...	...	9,724
†Cases terminated	...	...	...	...	...	...	...	2,663
Cases being assisted at 31st December, 1968	...	...	...	...	...	...	...	7,061
Cases on waiting list at 31st December, 1968	...	...	...	...	...	...	...	248
Visits paid by Assistant Organisers	...	...	...	...	...	...	...	78,652
Number of domestic helps employed at end of year (part-time)	...	...	...	...	...	...	...	3,638

* Includes 716 cases which ceased and recommenced later in the year.

† Includes 141 cases transferred to Teesside C.B.

<i>Types of Case Assisted during the year.</i>	<i>Percentage of Total.</i>					
Maternity (including expectant mothers)...	0.7
Tuberculosis	0.4
Chronic sick (including aged and infirm)	97.1
Others	1.8

MENTAL HEALTH

ADMINISTRATION.

(a) The Mental Health Sub-Committee of the County Health Committee is responsible for the administration of the Mental Health Service.

(b) *Staff*—

Mental Health Executive Officer	...	...	...	...	...	...	...	1
Senior Mental Welfare Officers	...	...	...	...	...	...	...	4
Mental Welfare Officers	...	...	...	...	...	...	...	26
Supervisors, Junior Training Centres	...	...	...	...	...	...	...	7
Assistant Supervisors, Junior Training Centres	...	...	...	...	...	...	...	17
Trainees Assistant Supervisors, Training Centres	...	...	...	...	...	...	...	19
Warden/Manager, Residential Adult Training Centre	...	...	...	...	...	...	...	1
Matron, Residential Adult Training Centre	...	...	...	...	...	...	...	1
Assistant Matron, Residential Adult Training Centre	...	...	...	...	...	...	...	1
Superintendents (Male) Adult Training Centres	...	...	...	...	...	...	...	6
Deputy Superintendents (Female) Adult Training Centres	...	...	...	...	...	...	...	6
Assistant Supervisors, Adult Training Centres	...	...	...	...	...	...	...	5
Craft Instructors, Adult Training Centres	...	...	...	...	...	...	...	19
Warden (Hostels)	...	...	...	...	...	...	...	2
Deputy Warden (Hostels)	...	...	...	...	...	...	...	2
Housemothers	...	...	...	...	...	...	...	3

The excellent co-operation with hospital consultants continued to be maintained and a number of cases were referred to hospital out-patient clinics for assessment and advice regarding the future treatment and training. Dr. M. R. Walley, Consultant Psychiatrist, continued to visit training centres and advised on a number of difficult cases. School medical officers carried out routine annual medical examinations of all those attending training centres. Trainees at adult training centres were examined at the mass radiography units.

Three mental welfare officers were seconded on two-year courses leading to the Certificate in Social Work and one officer was granted two years leave of absence without salary to attend a similar course. One mental welfare officer was seconded on a post-graduate course leading to the Diploma in Applied Social Studies. Three mental welfare officers attended an induction course organised by the National Association for Mental Health at Leeds and two mental welfare officers attended a short refresher course at Bristol University. One supervisor of an adult training centre, six trainee assistant supervisors and five craft instructors were seconded to take courses leading to the Diploma for Teachers of the Mentally Handicapped. The deputy warden at Lanchester Residential Training Centre attended a course for wardens and staff of Local Authority Hostels at Leeds. Of the twelve training centre staff seconded on courses last year, eleven were successful in obtaining the Diploma for Teachers of the Mentally Handicapped. A total of 42 training centre staff have obtained qualifications as a result of the Council's policy of seconding trainees on approved one and two year courses.

WORK UNDERTAKEN IN THE COMMUNITY.

1. *In relation to mentally sub-normal persons* :—

(a) Ascertainment—cases of mental subnormality are notified by school medical officers, child welfare medical officers, private practitioners, hospital staff, health visitors and social workers. As previously stated very full use was made of hospital out-patient facilities for the diagnosis of mental sub-normality and advice on prognosis and disposal. The scheme brought into operation in 1960 for routine testing of all infants born in the County to detect cases of phenylketonuria has been continued.

(b) Under the provision of the Education Act, 1944, the local education authority made the following notifications to the local health authority under Section 57:—

	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Children considered unsuitable for education within the school system	30	26	56
Children who require supervision after leaving school	...	21	49

(c) On 31st December, 1968, there were 3,342 mentally sub-normal persons on the register, giving an ascertainment figure of 4.06 per 1,000 population in the Administrative County area. During the year 91 were added to the County Council register compared with 103 during 1967. On 1st April, 316 cases were transferred to the new Teesside County Borough.

(d) Supervision—the supervision of mentally sub-normal persons has been carried out by health visitors who made 1,810 visits during the year. Mental welfare officers continued to take over supervision of adult sub-normals in the County area and at the end of the year 1,191 adults were being supervised.

(e) Guardianship—there was no guardianship case in the County at 31st December.

(f) Junior Training Centres for mentally sub-normal persons—the number of pupils receiving training at junior centres on 31st December were as follows:—

Centre.	No. of Pupils.
Bishop Auckland	49
Chester-le-Street	37
Consett	41
Durham (including special care)	64
Hebburn	44
Newbottle	28
Easington	38
Stockton	4
Darlington	3
Gateshead	3
South Shields	1

In addition 17 children attended as day pupils at Prudhoe and Monkton Hospital.

Transport to the centres, mid-morning milk and mid-day meals were provided at each centre while regular routine dental and medical examinations were carried out on all pupils.

Special care units at Chester-le-Street and Durham Junior Training Centres continued to fill a very real need for children whose physical and mental handicaps render them unfit for training in the normal junior training centre classes. On 31st December nine children were attending Chester-le-Street unit and ten children were in attendance at the Durham unit.

(g) Adult training centres for mentally sub-normal persons—the numbers of trainees receiving training at adult training centres on the 31st December were as follows:—

Centre.	No. of Trainees.
Bishop Auckland	74
Consett	34
Durham	62
Fencehouses	69
Hebburn	67
Lanchester	68
Easington	42

Twenty-four adult trainees also attended as day patients at Prudhoe and Monkton Hospital.

During the year inter-centre activities continued to take place and a successful sports day was held at Durham Technical College in June, when Bishop Auckland won the championship shield. The youth clubs at the Bishop Auckland and Consett centres continued with their activities.

The outdoor training scheme for adult trainees at the County Education Department's training centre at Ireshopeburn, Weardale, was extended and during the year three training periods, each of one week's duration, were held during May, July and August respectively. Altogether ninety-three trainees and twenty staff from adult training centres attended during the year.

Bishop Auckland Adult Training Centre—This centre has continued with contracts for the assembly of tool kits, the making of large wooden crates, film labelling and re-packing and carding of buttons. The art of hairdressing and make-up was greatly appreciated by the female trainees. During the year, eight trainees were found outside employment.

Consett Adult Training Centre—This centre which provides only thirty places is fairly well established and during the year contracts were obtained for the assembly of cardboard cartons and the supply of firewood to local schools. One trainee was placed in outside employment.

Durham Adult Training Centre—During the year, four trainees were successfully placed in outside employment. The car washing scheme continued to be successful and there has been a continuous supply of contract work from outside firms. This centre was again successful in obtaining the County Council contract for the manufacture of clothes airers for use in schools and other County Council establishments. Youth Club activities were maintained during the year.

Fence Houses Adult Training Centre—This centre obtained the County Council contract for the supply of nylon pan scrubbers to County Council establishments and contracts with outside firms have been maintained. The manufacture of nylon scatter cushions was successfully introduced during the year and no difficulty was encountered on the sale of these articles. Two trainees were placed in outside employment during the year.

Hebburn Adult Training Centre.—This centre is now well established. The printing section has been extended and the printing of hand bills, visiting cards and Christmas cards was carried out during the year. The centre obtained the contract for the supply of folding clothes props to County Council establishments. Contracts from outside firms were maintained.

Lanchester Adult Training Centre—Three trainees were placed in outside employment during the year. Contracts with local firms were maintained and the printing section continued to be successful.

Easington Junior and Adult Training Centres—Both centres continued to operate satisfactorily during the year and on 31st December, 38 children were in attendance at the junior centre and 42 trainees at the adult centre.

Stockton Junior and Adult Training Centres—On 1st April both centres were transferred to the new Teesside County Borough.

Hostels for Mentally Subnormal Persons—The numbers of persons in hostels for the mentally subnormal on 31st December, 1968 were as follows:—

Walker Drive, Bishop Auckland	...	...	...	Women	20
Aykley Heads, Durham	...	...	...	Children	21
Lanchester	...	...	...	Men	29

During the year the hostels were used for short-term care residents, which enabled parents and relatives to have a holiday. The building of a fourth hostel at Potterhouse Lane, Pity Me, Durham is almost completed and will accommodate 15 mentally subnormal men. It is expected that the first residents will be admitted early in 1969.

(i) *Hospital Admissions*—During the year 11 patients were admitted to hospital under Order and 9 were admitted informally under the provisions of Circular H.M.(58)5; also during the year 139 patients were admitted to hospital for short-term care in accordance with the terms of Circular 5/52 of the Ministry of Health. Details of all admissions are given in Table 19, Part III.

2. *In Relation to Mentally Ill Persons*. During the year mental welfare officers continued to investigate cases under the Mental Health Act, 1959, at the request of consultant psychiatrists, general medical practitioners and police etc. and Table 19, Part III gives details of admissions arranged by them.

The very close liaison with hospitals has been maintained and the practice of mental welfare officers attending psychiatric out-patients clinics and case conferences has been continued. On 31st December, 1968, 919 cases mainly referred from psychiatric hospitals, were under the supervision of mental welfare officers.

On the 4th October, four adult female patients from Winterton Hospital were admitted to 2 Lonsdale Crescent, Trimdon Grange, a house for discharged psychiatric patients. These patients are self-supporting and supervised by the local authority mental welfare officers.

SECTION C, PREVALENCE OF INFECTIOUS DISEASES

Tables 20, 21 and 22,—Part III give particulars of cases of infectious disease occurring during the year and the mortality from the principal infective diseases. I wish to refer particularly to the following:—

Whooping Cough—The number of cases (209) decreased by 334 when compared with the previous year. No death occurred in either year—almost certainly the result of the immunisation programme.

Diphtheria—For the tenth year in succession there was no confirmed case—again the result of immunisation of young children.

Measles—The number of cases (6,859) showed a decrease of 1,774. No death was registered. The case rate was 8 per 1,000 population—while too early to be certain, suggestive of response to vaccination scheme.

Pneumonia—Acute pneumonia ceased to be a notifiable disease on 30th September.

Meningococcal Infection—Ten notifications of meningococcal infections were received up to 30th September, when the disease ceased to be notifiable as such.

Acute Meningitis—Three cases of acute meningitis were notified during the final quarter of the year. This new category of “notifiable disease” includes meningococcal meningitis.

Acute Poliomyelitis—No case was recorded during the year, compared with one (paralytic) in 1967—a wonderful response to specific vaccination.

Acute Encephalitis—Two cases were notified compared with 10 in the previous year.

Dysentery—A total of 637 cases occurred, an increase of 44 cases compared with the previous year. All were of the “Sonne” variety, a disease now apparently endemic in the community.

Typhoid Fever—No case was recorded during the year, compared with three in 1967. One death occurred in 1967.

Paratyphoid Fever—In 1967 there were two cases compared with one this year. No death was recorded in either year.

Food Poisoning—During the year 46 confirmed cases were recorded, compared with 17 in the previous year.

Influenza—The number of deaths registered was 48 equal to a death rate of 0.06 per 1,000 population compared with eight deaths and a death rate of 0.008 in 1967.

Diarrhoea and Enteritis (under two years of age)—During 1968 seven deaths were registered, compared with 15 in 1967. The 1968 death rates were 0.009 per 1,000 population and 0.53 per 1,000 live births, compared with 0.016 and 0.94 respectively for 1967.

Puerperal Pyrexia—Up to 30th September, when puerperal pyrexia ceased to be notifiable, there were 29 confirmed cases, compared with 45 for the year 1967.

Ophthalmia Neonatorum—There were two cases of ophthalmia neonatorum notified, during the year, compared with one case in 1967.

Infective Jaundice—On 15th June, infective jaundice became a notifiable disease and by the end of the year 410 confirmed cases had been notified.

SECTION D—NATIONAL ASSISTANCE ACT, 1948

WELFARE SERVICES

I. WELFARE OF THE PHYSICALLY HANDICAPPED.

(a) *Register.*

At the end of the year there were 1,352 males and 1,167 females on the register of physically handicapped. This shows a decrease of 81 during the last year. On 1st April, 69 cases were transferred to Teesside County Borough, as a result of boundary changes. Physically handicapped persons were referred by hospitals, general practitioners, other staff of the health and welfare department, various other statutory and voluntary social agencies, patients' friends and in some cases from the patients themselves.

(b) *Welfare Work for the Physically Handicapped.*

The Senior Executive Social Worker continued to supervise the work of social workers and also that of the social welfare officers of the blind.

During the year two senior social workers were appointed and three resigned, leaving three in post. Eight student social workers were appointed and two resigned during the year, increasing the number of students from seven to thirteen. At the end of the year the number of general social workers employed increased to twenty-three.

The kind of help given to physically handicapped persons has varied widely. House alterations have been arranged and financed in co-operation with district councils, while a wide variety of aids for handicapped persons have been supplied. Other patients who have not needed material help have been given support by the social workers in facing their personal and family problems. There is also a scheme whereby Local housing authorities may obtain grants from the County Council towards the provision of houses specifically designed for physically handicapped persons.

(c) *Holiday Scheme for Physically Handicapped.*

It was not possible to arrange the annual holiday scheme for physically handicapped persons at Windlestone Hall as the British Red Cross Society were faced with a serious staff shortage. This had been rectified by the end of the year and it is hoped that the scheme will be run again in the summer of 1969.

A holiday course for twenty-six physically handicapped teenagers was arranged in connection with the Durham County Association of Youth Clubs at Windlestone Hall Special School during the period 27th July to 3rd August. This was a residential course during which period tuition was given in art, photography, handicrafts and music. The Education and Health Committees shared the cost of this holiday and the Durham County Association of Youth Clubs are to be congratulated for making this holiday course a success.

(d) *Occupational and Diversional Therapy.*

Two occupational therapists are employed by the Health Committee. They visit handicapped persons in their homes in order to train them and assist them in various crafts. Assistance is also given by craft instructors who attend meetings of clubs for physically handicapped.

(e) *Car Badges for Disabled.*

At the end of the year 272 car badges were in use by disabled drivers to enable them to obtain parking privileges. New applications for badges are made at the expiry of the disabled person's driving licence or at the time a new vehicle is obtained.

(f) Voluntary Organisations.

The County Council has worked in co-operation with the Durham County Association for the Welfare of the Physically Handicapped and during the year made a further grant to help them in their work. The number of social clubs for physically handicapped persons sponsored by the County Association remains at 22. These clubs continue to be invaluable as meeting places for physically handicapped persons, where they can take part in social, as well as handicraft activities.

The special vehicle for the transport of physically handicapped persons, particularly those confined to wheelchairs, was in regular use during the year. This enabled many seriously handicapped persons to attend meetings of the ten handicapped persons clubs which availed themselves of these facilities.

Eleven young people attend the day work centre at the Percy Hedley School for Spastics of whom six are resident in the Chipchase Hostel.

The Training and Work Centre administered by the Sunderland and District Spastics' Society (a voluntary organisation) had, at the end of the year, twenty of our adult spastics who were unable to obtain employment on account of their disability. Transport by taxi was provided for fourteen spastics who would otherwise have been unable to attend the Centre, the cost of this transport being accepted by the County Council.

(g) Residential Accommodation for Physically Handicapped.

Residential accommodation is provided for 43 physically handicapped persons at homes outside the County, run by voluntary organisations.

II. WELFARE OF THE BLIND AND PARTIALLY SIGHTED.

(a) Register and Registration of Blind Persons.

The number of blind persons on the County Council's register on the 31st December was 1,628 135 less than at the end of 1967, 170 cases being transferred to Teesside County Borough on the 1st April as a result of boundary changes.

Blind population according to age and sex.

	1 & under	2-4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80 & over	Total
Male ...	2	2	5	11	14	23	31	75	93	69	75	184	164	748
Female ...	—	1	8	7	10	9	14	49	90	62	100	257	273	880
Total ...	2	3	13	18	24	32	45	124	183	131	175	441	437	1,628

During the year the names of 237 blind persons were added to the register including 17 blind persons transferred into the County from other areas. Following surgical treatment, sight was restored to six persons previously registered as blind, all of whom were certified neither blind nor partially sighted. During the period under review 366 blind persons died or left the county area.

The ten part-time ophthalmologists appointed by the County Council examined 364 cases referred to them while in addition 38 forms B.D. 8 were submitted by other ophthalmologists. These 402 cases are classified as follows :—

First Examination :—

No. certified blind	...	...	...	...	...	...	...	...	...	...	...	...	...	171
No. certified partially sighted	...	...	...	...	...	...	...	...	...	...	...	...	...	96
No. certified not blind	...	...	...	...	...	...	...	...	...	...	...	...	...	51

Re-examinations :—

No. certified blind (1 already certified)	...	...	...	...	...	...	...	...	43
No. certified partially sighted	...	...	...	...	...	...	...	...	31
No. certified not blind	...	...	...	...	...	...	...	...	10

One case of retrolental fibroplasia was reported during the year.

(b) *Register of Partially Sighted.*

The number of partially sighted cases on the register at the 31st December was 405, the sex and age classification being :—

	0-1	2-4	5-15	16-20	21-49	50-64	65 & over	Total.
Male	—	3	30	17	24	28	95	197
Female	—	—	18	11	25	22	132	208
Total	—	3	48	28	49	50	227	405

On 1st April, 28 cases were transferred to Teesside Borough.

In all cases of cataract, glaucoma, or any other disability a letter is addressed to the patient's general practitioner informing him of the findings and the recommendations of the ophthalmologist.

High Myopia. It has been the practice for many years for the school health service to notify the Health Department of all school leavers suffering from high myopia who are not registered blind or partially sighted persons. These cases are followed up by health visitors to ensure that the children continue to wear suitable spectacles and obtain replacements where necessary. Advice and assistance is given regarding suitable employment.

(c) *Employment.*

The following information relates to trained blind persons in employment at the end of the year :—

		<i>Institution Workers.</i>	<i>Home Workers.</i>
Royal Institution for the Blind, Sunderland	...	...	36
Cleveland & South Durham Institute for the Blind, Middlesbrough	...	4	1
Hartlepool Workshops for the Blind	...	...	—
National Library for the Blind, Braille Copyists	...	...	2
Catholic Blind Institute, Liverpool	...	...	—

On the 31st December the number of trained but unemployed blind persons was 11.

(d) *Home Teaching Service.*

There are 14 qualified social welfare officers for the blind, of whom two are registered blind persons.

These members of the staff visit blind and partially sighted persons, teaching braille and moon type when required and acting as general social workers for all blind and partially sighted persons on the register. Seven of the social welfare officers hold classes for the teaching of handicrafts, while the remainder provide tuition in handicrafts in the homes when required.

(e) Social Centres.

Six centres are established and operating in the County with the co-operation of the voluntary agencies. Home teachers visit the centres and provide help and guidance when necessary.

(f) Placement Service.

By arrangement with the Ministry of Labour, use has been made of their Placement Officers in finding and placing suitable persons in open industry. The Royal National Institute for the Blind appointed a Placement Officer to assist suitable persons to obtain work in business and commerce.

(g) Holidays.

The Health Committee provided a week's holiday at Scarborough for 15 deaf blind persons, together with their attendants. The detailed arrangements for this holiday were made by the North Regional Association for the Blind.

(h) Homes for the Blind.

At the end of the year there were 25 blind persons in homes for the blind, 22 of these being residents in Palatine House, Durham, the County Council hostel for the blind. The remaining three lived in homes outside the County.

III. WELFARE OF THE DEAF.

The County Council scheme under Section 29 of the National Assistance Act approved by the Minister on the 27th September, 1952, operates throughout the county. Most of the work is carried out on an agency agreement by the Northumberland and Durham Mission to the Deaf and Dumb for the northern part of the county and the South Durham and North Yorkshire Association for the Deaf for the southern part of the county. Welfare officers visit and look after general welfare of registered persons. Four hard of hearing clubs operate throughout the county to which the County Council make a grant for administration, maintenance charges and equipment. At the end of the year the number of persons registered as deaf or hard of hearing was 685 classified as follows :—

	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Under 16 years	17	33	50
16-64 years	267	216	483
65 years and over	76	76	152
Total	360	325	685

At the end of December 27 school children (15 boys and 12 girls) were attending residential schools for the deaf, outside the county area.

On 1st April 134 cases were transferred to Teesside County Borough.

IV. WELFARE OF THE ELDERLY.

One of the results of improved medical and social services is that more people live longer and the deterioration associated with old age tends to be delayed. This deterioration in physical and/or mental faculties when it does occur frequently necessitates the deployment of a variety, or occasionally the whole range, of the authority's staff, employed to deal with the blind or partially sighted ; the deaf ; the physically handicapped ; the mentally disturbed ; the sick and the bed-ridden.

Over the years the elderly have been using an increasing proportion of the health and welfare services and this trend will obviously continue. During 1968, 63% of district nurses time, 7% of health visitors time and 87% of home helps were employed assisting old people in this county.

The basic need of the elderly is for a home of their own where they can enjoy privacy and comfort with the social contacts which they desire.

Houses of suitable size and design are, therefore, particularly important, supplemented, where necessary, by welfare services including communal facilities, emergency bell systems, warden services, "meals on wheels" or "meals by neighbours" services, chiropody services, and adequate home nursing, home help and health visitor advisory services. Despite these services the time may still come when this support is insufficient and it is then that accommodation in a residential County Council hostel is needed. Here again the object must be to keep the elderly as happy as possible and out of hospital as long as possible.

During the year, to encourage the provision of communal facilities, warden services etc., in association with houses for old people the County Council continued to make grants to district councils of a maximum of £60 per house per annum when such facilities are provided.

An expansion of home help and after-care service was necessary and greater financial assistance was given to schemes providing chiropody, meals on wheels, meals by neighbours and luncheon club services.

Continued support, financial and otherwise, was given to the Durham County and Tees-side Old People's Welfare Committee, a voluntary organisation which has been most successful in the sponsoring of clubs for old people and various social functions such as choir festivals.

The policy to provide more hostel accommodation with additional comprehensive facilities has been pursued.

V. FAMILY CASE WORK SERVICE.

Duties in Relation to Section 1 of the Children and Young Persons Act, 1963.

The duty of local authorities under Section 1 of the Act is to make available advice, guidance and assistance so as to promote the welfare of children by diminishing the need to receive them into care, and to provide a casework service. The Act empowers the local authority to provide financial and material assistance to families in an effort to prevent the break-up of a family. Authority has been given to spend up to £25 in an emergency on any particular family in need, additional expenditure being subject to prior approval of the Chairman of the Health Committee. In this way assistance was given on 21 occasions during the year, and it was found, as in previous years, that bedding was the most common need. Assistance was given to 42 families in the form of furniture which had been given by private persons, or which was of no further use to the County Council. In addition, officers obtained financial assistance from other sources in 71 cases and material assistance in 483 cases. The Women's Royal Voluntary Service and the Department of Health and Social Security have been most co-operative throughout and this continues to demonstrate the good will of agencies engaged in preventive work.

Statistical returns for the year ended 31st December, 1968, show that 3,409 families were notified to officers of the Health and Welfare Department as being in need of advice or assistance. Since this work was undertaken in 1964 there has been annual decrease in the numbers of families notified, following the initial period where very many cases were notified when the difficulties being experienced were only of a minor nature not requiring intensive casework. It would appear that many of the cases now being referred are multi-problem families requiring constant advice and support. The system of early warning notification of families likely to break down continues to work excellently due to the full co-operation of housing managers and health visitors, as well as the Officers attending the Area Family Case Conferences.

The total case load of families under supervision by officers of the Health and Welfare Department on the 31st December, 1968, was 852. Not all of these families were necessarily on the verge of break-up, but all were considered to be in danger of developing more serious problems if there was no form of supervision. Intensive casework is undertaken with families in their own homes, where prior to the 1st April, 1964, when the Act was implemented, it might have been necessary to remove children because of lack of resources, or workers, to bring about improvements in home circumstances.

The duty of co-ordinating social work carried out by statutory and voluntary agencies with problem families has continued and is no less demanding than at the outset. To provide an effective service, close liaison has been maintained with the various agencies involved, by continuing with the arrangement of holding Area Family Case Conferences throughout the Administrative County area under the Chairmanship of Assistant County Medical Officers. In previous years case conferences have been held in Stockton-on-Tees, but as Stockton M.B. became part of the new Teesside C.B. on the 1st April, 1968, these have now been discontinued. Officers from Billingham Urban District Council participated in the No. 10 Area Family Case Conference, but as the major part of Billingham U.D. also became part of Teesside C.B. they do not now attend and statistics relating to these two districts are not included. It is worth repeating that in establishing the conferences it was envisaged that they would serve a dual function of bringing to the notice of the various agencies, problem families or families experiencing difficulties and in danger of breaking up and secondly affording field workers the opportunity of becoming acquainted with each other, thereby, improving liaison at field level, consolidating relationships and developing a greater understanding of the difficulties involved in this demanding work. From experience it would appear that the objectives have been achieved and that preventive and rehabilitative work with problem families is now an established fact. There has been an increasing demand for case conferences on individual problem families and these have proved to be very successful in diagnosing problems within families thus effecting, more quickly, greater all-round improvement in conditions and attitudes.

VI. TEMPORARY ACCOMMODATION (NATIONAL ASSISTANCE ACT, 1948—SECTION 21(1) (b).).

(a) Present Position.

The Cottage Homes at Houghton-le-Spring were vacated in January, 1968, families therein being transferred to Birtley.

Thirty-two families were provided with emergency accommodation at Lambton House, Birtley, the length of stay varying from one to 86 days. From this unit, 26 families were found alternative accommodation and six were transferred to the Rehabilitation Unit at Lambton Grove.

At the end of the year the number of persons in the units was as follows:—

Name of Unit.							Adults	Children	Total
Lambton House, Birtley	...	...	...	...	...	...	—	—	—
Lambton Grove, Birtley	...	...	...	...	...	...	9	19	28
Total	...	...	...	...	...	...	9	19	28

This compares with 13 adults and 36 children at the end of 1967.

(b) *Future Developments.*

Plans have been prepared for the adaptation of part of Heath House hostel to provide accommodation for nine families under resident supervision.

When this unit is in operation, the future use of Lambton House and Lambton Grove will be reviewed.

VII. HOSTEL ACCOMMODATION FOR THOSE NEEDING CARE AND ATTENTION (NATIONAL ASSISTANCE ACT, 1948, SECTION 21).

(a) *Present Position.*

On the 1st April, 1968, three residential homes (128 beds) were transferred to the new Teesside Authority. During the year the number of places in former Public Assistance Institutions was reduced from 239 to 162 and from 76 to 11 in hospitals transferred to the Regional Hospital Board, the use of beds in Lee Hill Hospital, Lanchester, being terminated.

Five purpose-built hostels were opened during the year, and one place added in Palatine House.

At the end of the year there were 31 residential homes, providing 1,253 places. Of these, three were former Public Assistance Institutions, eight adapted premises and 20 purpose built. Seven of the purpose built hostels include a special wing for more infirm residents. An annexe to one of the residential homes provides 19 short stay places.

Hostels at Leadgate and Durham were approaching completion and hostels at Fence Houses, Hetton-le-Hole, Spennymoor and Washington were under construction.

Premises on the sea front at Roker were adapted, furnishing was in progress and first residents will be admitted early in 1969.

259 residents were provided with short stay accommodation in the short stay annexe at Seaton Carew. These included 24 residents of other hostels in the County and four residents accepted direct from hospital.

There were 16 persons resident in this unit at the end of the year.

The places available were distributed as follows:—

	<i>Residential Accommodation beds provided.</i>		<i>Residential Accommodation beds provided.</i>
In Homes controlled by the Welfare Sub-Committee:—			
<i>Former Public Assistance Institutions</i>			
Cambridge House, Barnard Castle	62	Glenroyd House, Consett	38
Heath House, Houghton-le-Spring	24	Mendip House, Chester-le-Street	38
Ivy House, Sedgefield	... ...	Boldon House, East Boldon	45
<i>Adapted Premises.</i>		Kepier House, Durham	45
Seaton Holme, Easington	...	Millbank House, Seaham	38
Weardale House, Stanhope	...	Derwentdale House, Ryton...	45
Newtown House, Stanhope	...	<i>Purpose Built Hostel including frail/ambulant wing.</i>	
The Hermitage, Whickham	...	Shadon House, Birtley	44
Grove Park, Barnard Castle	...	Campbell Park House, Hebburn	45
Owton Fens, Greatham	...	Lynwood House, Lanchester	45
Holmfield, Crook	...	Kentmere House, Houghton-le-Spring	45
Glencliffe, Seaton Carew	...	Glebe House, Fishburn	45
<i>Purpose Built Hostels.</i>		Lowland House, Brandon	45
Winton House, Winlaton	...	Syke House, Burnopfield	45
Essyn House, Easington	...	<i>Home for the Blind and Partially Sighted.</i>	
Dene House, Bishop Auckland	...	Palatine House, Durham	... ... 39
Shafto House, Newton Aycliffe	...	<i>Holiday and Short Stay Home.</i>	
St. Bede's House, Jarrow	...	Glencliffe Holiday Home, Seaton Carew	19
Stanfield House, Stanley	...		
<i>In Hospitals transferred to the Regional Hospital Board on 5th July, 1948.</i>		Durham	... ... ... ... 11
In Homes controlled by:—			
<i>(a) Neighbouring County Borough Councils.</i>			
		Darlington	...
		Gateshead	...
		South Shields	...
		Sunderland	...
<i>(b) Other Local Authorities</i>			
	...		6
	...		7
	...		2
	...		1
<i>In Special Homes</i>	...		21
	...		26
	...		1,346
	Total		

The number of employees in the 31 premises directly controlled by the Health Committee was as follows:—

Superintendents	...	...	...	...	3
Matrons	...	...	...	...	27
Wardens	...	...	...	...	2
Other staff	...	...	...	...	440

Waiting List.

The number of cases on the waiting list on 31st December, was 544 compared with 610 in 1967.

Maintenance Charges.

During the year the standard charge was increased in two stages from £10. 4s. 9d. to £11. 1s. 8d. per week.

X-Ray Examination.

To detect any case which might benefit from treatment and also to protect residents from possible infectious cases, efforts are constantly made to ensure that all aged persons admitted to residential homes have chest X-rays before admission.

(b) Future Requirements.

The amount of residential accommodation required for the elderly and others "in need of care and attention" is affected by the housing conditions; the existence of warden services; the degree of support forthcoming from families and neighbours and by the amount of residential accommodation provided privately and by voluntary organisations otherwise than as agents of the local authorities.

Hostels in course of erection and those on which building will commence in 1969 will provide 495 places, the use of the remaining 11 beds in St. Margaret's Hospital will be discontinued, and the 24 residents remaining at Heath House a former Public Assistance Institution will be transferred thus terminating its use as residential accommodation. The number of beds in use at the former Public Assistance Institution at Barnard Castle will be further reduced with a view to its closure in 1970.

To meet anticipated requirements by 1979, a further 1,000 places will be necessary and every effort is being made to secure continuation of the present rate of development.

SECTION E—INSPECTION AND SUPERVISION OF FOOD AND DRUGS

1. MILK (SPECIAL DESIGNATION) REGULATIONS, 1963.

At the end of the year there were four plants processing milk in the administrative county, all of which were authorised to use the special designation " Pasteurised." All plants are of modern design. The total quantity of milk treated is approximately 52,000 gallons per day. Regular inspections of these dairies are made and satisfactory standards maintained.

Misuse of bottles continues, and the number of complaints of unsatisfactory bottles being delivered to consumers is generally the same as in previous years. Daily the dairies licensed by this council wash and fill some 464,000 bottles. With modern washing and filling equipment, these numbers present no difficulty, provided that empty bottles have been rinsed immediately after use, returned promptly and not used for any purpose other than as milk containers.

Although the County is a specified area in which only milk of a special designation can be sold, exception is made as a last resort. Where no such supplies are available the Ministry of Agriculture and Fisheries issue a " Consent " licence enabling a retailer to dispense with the requirements of the Order. During the year eight such consents were in operation. The amount of milk covered by these consents is very small and only serves the needs of people living in isolated houses.

Routine samples continue to be taken by County Health Department staff of milk delivered to schools and children's homes. Eight samples failed the methylene blue reduction test (keeping quality). On investigating the reason for the failures it was considered that a contributory factor was the arrangements for delivery and storage at the schools and appropriate recommendations were made. Fifteen complaints have been received concerning the condition of bottles of milk delivered to schools. In three cases prosecutions were instituted and were successful, and in the remaining cases appropriate advice was given. Two of the cases considered suitable for prosecution were of glass in the milk, and in this respect the supply of milk in cartons would be welcome.

At the request of the Durham Hospital Management Committee, routine samples are taken of milk delivered to hospitals in their group.

Under the above regulations the County Council as the Food and Drugs Authority has the duty of licensing and supervising all dealers in milk, the number licensed being as follows :—

No. of current licences at 1.1.68	(i) 'B' Licences	...	...	...	8
	(ii) 'E' Licences	...	...	...	1,735
No. issued during the year	(i) 'B' Licences	...	...	...	Nil
	(ii) 'E' Licences	...	...	...	155
No. cancelled during the year	(i) 'B' Licences	...	...	...	Nil
	(ii) 'E' Licences	...	...	...	73
No. of current licences at end of year 1,825.					

Details of the results of all examinations of samples of milk are given in Table 25, Part III.

To ensure that the arrangements for handling and storing milk are maintained at a satisfactory level, some 401 inspections of premises have been made. These have resulted in the provision of 18 new and improved premises, and a further 34 cold storage units have been installed. A total of 97 cold storage units are now in operation.

The policy of relating routine sampling to the quantity and designation of milk sold by the various dealers has continued, to avoid as far as possible duplication, but at the same time to spread the work over the areas of the various county districts. Each local authority is furnished with a monthly report of all samples taken within its area. 4,285 samples have been taken.

The two samples that failed the phosphatase test were isolated cases, and investigation gave no indication of the cause of the failures. Where a sample failed the methylene blue test, an investigation was made, appropriate advice given and a repeat sample taken. If a repeat sample of untreated milk from a producer/retailer failed the test the Divisional Milk Officer of the Ministry of Agriculture, Fisheries and Food was informed. In this respect, attendance at the Milk Sub-Committee of the Ministry of Agriculture, Fisheries and Food is helpful, in that information is readily exchanged of producer/retailers being supervised, possible causes of failures and the action proposed. At the end of the year there were 138 producer/retailers in the County.

Sampling of untreated milk for antibiotics has continued in keeping with previous procedure of concentrating on untreated milk on retail sale. 1,117 samples of untreated milk have been submitted to the Public Health Laboratories for antibiotic examination, four of which contained antibiotics in excess of the accepted figure. Appropriate action was taken in each case.

2. FOOD AND DRUGS ACT, 1955. SECTION 31.

Samples of untreated milk are being obtained and submitted to the Public Health Laboratories for biological examination for the presence of tubercle bacilli, and brucella abortus which can cause contagious abortion among cattle and undulant fever in man. The results of 327 samples have been received and are shown in Table 23. The seven positive results refer to samples of untreated milk which on examination showed brucella abortus to be present. They represent seven cases and were obtained from seven producer/retailers. In one case the positive result was obtained from a guinea pig inoculation from a sample taken eight weeks previously, and because of the herd history and in particular the movement of animals into and out of the herd concerned during this time, it was agreed with officials of the Health Department of the local authority concerned and the producer, that herd testing be carried out immediately in co-operation with the producer's veterinary officer. This resulted in positive and suspicious animals being withdrawn from the herd as speedily as possible, when routine testing continued. In six cases brucella was isolated on culture, and included one case of a sample taken outside the administrative county from a producer/retailer within the County. In four of these cases all milk was sent for pasteurising pending herd testing being carried out by the producer's veterinary officer and satisfactory clearance certificates obtained, and in two cases the herds were already being supervised by a veterinary officer and suspicious animals were readily removed.

Brucellosis

In accordance with the arrangements agreed with local authorities for the implementation of Circular 17/66 of November, 1966 on Brucellosis from the Ministry of Health, which gave guidance in the interpretation of the provisions of the Milk and Dairies Regulations with regard to infection of milk, samples of untreated milk from producer/retailers have in general, been taken monthly for ring and culture examination, and every fourth month guinea pig inoculation is carried out. There was some limitation on the number of samples taken during January because of the restrictions of movement on farms due to the outbreak of Foot and Mouth disease in the Midlands. Consequently there is a reduction in the number of samples taken during the year compared to 1967 the totals being 1,151 and 1,241 respectively.

As mentioned in my annual report from 1967 the Brucellosis (Accredited Herds) Scheme came into operation early last year, and provides in the first instance for the establishment of a register of accredited herds as the first stage in the eradication of Brucellosis. It began with the acceptance of applications and it is now possible to review the progress made during the first year of operation. Although the scheme was brought to a standstill during the winter of 1967/68 because of the Foot and Mouth disease epidemic, it is estimated that some 3,000 herds will be on the Accredited Register by the end of 1968.

The Chief Inspector of Weights and Measures reported that 18 samples of milk from 10 suppliers were found to be either deficient in milk fat, or showed evidence of added water. It was decided that four cases were suitable to take before the Justices, three cases were referred to the National Agricultural Advisory Service and three offenders received warning letters.

FOOD AND DRUGS ACT

The following statement shows the results of examinations carried out by the County Analyst during the year :—

					No. of samples.	No. adulterated.	% adulterated.
Milk	...	...	...	...	977	22	2.3
Other foods and drugs	...	...	...	...	2,753	88	3.2
					3,730	110	2.9
Appeal to cow samples	...	...	...	...	...	...	19
Milk below presumptive standard but genuine	...	...	...	...	...	...	64

SECTION F—ENVIRONMENTAL HYGIENE

I. (a) *Bacteriological Laboratory Facilities.*

The Public Health laboratories situated at the General Hospital, Newcastle upon Tyne, Havelock Hospital, Sunderland, General Hospital, Middlesbrough and the Friarage Hospital, Northallerton, undertake examinations for the administrative county area.

(b) *Water Supplies.*

Piped water is supplied to the various parts of the administrative county area by the following water undertakers :—

Tees Valley & Cleveland Water Board
Durham County Water Board
Sunderland and South Shields Water Company
Newcastle and Gateshead Water Company
Hartlepools Water Company.

Only small rural areas rely on local wells or springs.

Normal extensions of mains to housing estates and industry continue in all areas while work also proceeds in improving service reservoirs, treatment plants, etc.

The increased demand for water both for domestic and industrial use in the area continues. Work on the construction of the Cow Green Reservoir in Upper Teesdale for the Tees Valley and Cleveland Water Board continues and as additional industry is attracted to Teesside its completion becomes more urgent. As mentioned in my last report the proposed scheme to construct a weir and pumping station at Croft was abandoned. Subsequently schemes have been agreed for abstracting additional water from Broken Scaur and Worsall, the quantities being determined by the rate of flow of the river. The possibility of abstracting water from the River Wear at Chester-le-Street is also being actively pursued by the Sunderland and South Shields Water Company.

Copies of results of analysis of water samples taken by local authorities are sent to the County Health Department and, where necessary, further investigations are carried out. Of 606 samples taken, 50 were classed as unsatisfactory. These unsatisfactory samples were generally from individual spring or well supplies to isolated farms or dwellings and in a number of instances repeat samples of those reported in previous years. Routine samples of supplies to schools, kitchens, dairies and similar establishments continue to be taken by officers of the department and have proved generally satisfactory. Where adverse reports were received they came from local supplies subject to variation in quality and quantity due to extreme weather changes. Towards the end of last year a Ministry of Health circular drew attention to the occurrence of lead in drinking water. Subsequently, samples additional to those taken as a routine measure for bacteriological examination have been taken for chemical examination from supplies to villages and schools, which do not pass through the treatment units of the major water undertakers, where appropriate action is taken to prevent plumbo solvency. Samples were taken from 12 supplies, and although lead was not found in any sample, the analysis indicated that five samples merited further attention and repeat samples have been taken. Measures have been carried out by the Durham County Water Board on two of these supplies which will reduce this tendency and other supplies are receiving attention.

Schemes providing improved or new water supplies to certain areas have been submitted for consideration. Investigations have been carried out in each case and appropriate recommendations made.

Fluoridation of Water Supplies.

The population living in the Hartlepool area have been drinking water containing a fairly high natural concentration of fluoride for a great number of years and the benefits of fluoride are now being extended to other parts of the county.

The agreement in principle of neighbouring authorities to fluoridation has enabled progress to be made and three of the Water Companies serving parts of the administrative county are now preparing to add fluoride to the water supplies to raise the content to one part per million, a level which already exists naturally in some parts of the area.

In October the Newcastle and Gateshead Water Company commenced the addition of fluoride to water supplies treated by the purification plants at Whitley Dene and Throckley. The proposed dose is one part of fluoride per million parts of water and the chemical being used is sodium silico fluoride. The area of the administrative county being supplied with this water includes Ryton U.D., and parts of Blaydon, Felling and Whickham Urban Districts and Chester-le-Street Rural District. At the request of the Ministry of Housing and Local Government, who are responsible in the early stages for the supervision of fluoridation, weekly samples are being taken for examination.

II. (a) *Rural Water Supplies and Sewerage Acts, 1944-61.*

During the year the County Council continued to make grants towards the cost of approved schemes for the provision of piped water supplies and main drainage in the rural areas of the County.

In connection with Section 2(1) of the above Acts, a number of schemes were under consideration and some amended contributions were made during the year.

(b) *Drainage, Sewerage and Sewage Disposal.*

Routine inspections of existing disposal works and those under construction continue to be made. A number of schemes to replace overloaded and defective works to enable the continued development of housing and industrial estates have been submitted by local authorities for consideration. Investigations have been carried out in each case and appropriate recommendations made.

Tyneside Sewage Disposal—During the year the Sewerage Board has gone ahead with detailed investigations and preparing technical information for the Ministry of Housing and Local Government, and approval is being sought for Stage 1 Major Works. The engineer has also submitted a report to the Joint Sewerage Board on Trade Effluent Controls Organisation for the administrative area of the Board and this is under consideration.

Teesside Sewage Disposal—The report of the consultant has been published and approved by the Teesside Borough Council. This is a further step towards removing pollution from the River Tees, but much is required to be done before any practical improvements occur.

County Council Properties—As requested by the County Architect routine inspections of sewage disposal works, sampling of effluents and submission of appropriate recommendations of properties not on main drainage have continued.

(c) *Local Government Act, 1958.*

A number of applications for grant aid under Section 56 have been received from local authorities in respect of sewerage and sewage disposal schemes and the following received initial contributions during the year:—

		<i>Estimated Cost.</i>
		£
(a)	Chester-le-Street Rural District—Birtley East Main Drainage Scheme	... 155,000
(b)	Chester-le-Street U.D./R.D.—Blind Lane Sewerage, Chester-le-Street	... 22,000
(c)	Darlington Rural District—Heighington and Redworth Sewerage Scheme	... 48,400
(d)	Blaydon Urban District—Proposed New Sewer—South View/Whenney Leas, Chopwell	... ... ... ... ... ... ... ... 4,000
(e)	Durham Rural District—Sherburn, Shadforth and Ludworth Sewerage and Sewage Disposal Scheme	... ... ... ... ... ... ... ... 62,300

III. HOUSING.

A statement as to the position of housing in the Administrative County, compiled from information supplied by district councils, is given in Table 24—Part III.

IV. CLOSET ACCOMMODATION.

Table 25—Part III gives the number and types of conveniences in each sanitary district at the end of 1968 together with information as to the conversions of ashpit privies and ash-closets into water-closets during the year.

V. SCHOOL SWIMMING POOLS.

As requested by the Director of Education responsibility has been accepted for the inspection and necessary routine sampling of all swimming pools provided by the County Council, with the exception of that at Acre Rigg, Peterlee, which is in the excepted district of Easington. During the year a further 12 pools were brought into use, and include 11 'learner' pools, generally attached to junior mixed schools and one larger type pool attached to a secondary school. Of the learner pools, one was designed by the County Architect, the remaining 10 being fibre glass pools. All pools are equipped with the continuous flow circulation systems with automatic filtration and chlorination of the water, and in all cases the water is heated. The pools at secondary schools serve an older age group of swimmers and being used in conjunction with gymnasiums and playing fields are larger and provide accommodation of a higher standard than the learner pools. This includes the treatment units, and whereas chlorine is used for sterilising in all cases, in learner pools a stabilised brand of hypochlorite giving approximately 15% available chlorine by weight is used, but at secondary schools a more sophisticated treatment unit is installed using liquid chlorine contained under pressure in cylinders and attached to an automatic dosing unit.

At the end of the year 23 pools were in use with two fibre glass and one larger type pool under construction. During the year the County Health Inspector arranged for regular visits to all pools to check on the efficiency of treatment. This included testing the water for pH value and residual chlorine. At least monthly, and more often if necessary, samples are also taken for bacteriological examination. Details are as follows:—

Quarter Ending.	Number of Visits.	Samples for Bacteriological Examination.	Satisfactory.	Unsatisfactory.
March	69	34	31	3
June	84	34	30	4
September	64	25	25	0
December	154	50	48	2
Totals	371	143	134	9

Despite certain difficulties experienced with fibre glass learner pools the results are generally satisfactory and a major contributing factor is the time spent by the County Health Inspector in explaining the operation of the plant, the methods of treatment and the interpretation of daily test results to the caretakers. When new pools are handed over additional time is spent with the caretakers who rarely have any knowledge of pools operation, and this also applies at existing pools where staff changes occur or staff are absent due to illness. This interest and assistance has been well received and greatly appreciated by headmasters, caretakers and instructors, although it has increased the work of the section, with some inconvenience to the inspectors, as breakdowns in treatment, etc., are generally in the form of emergencies requiring immediate action to keep the pools in operation, often after school hours.

SECTION G. GENERAL

1. NURSING HOMES.

During the year no application was made to the County Council under Section 194 of the Public Health Act, 1936, for the delegation of their powers to district councils. The following nursing homes registered by the County Council were periodically inspected :—

<i>Name and Address.</i>	<i>Description.</i>
Percy House, Neville's Cross, Durham 	Aged, infirm and border-line mental cases.
St. Cuthbert's Hospital, Rockliffe Park, Croft, (annexe to Hospital of St. John of God, Scorton). 	Chronic sick (males).
" Milford," North End, Durham 	Aged and infirm.
" Wayside", West Boldon 	Aged teachers and their dependants

II. NURSERIES AND CHILD MINDERS' REGULATION ACT, 1948.

During the year 14 premises were registered as nurseries and nine persons were registered as daily minders. Three nurseries had their registrations cancelled bringing the total registrations at the end of the year to 50 nurseries and 23 child minders.

When a request is received for registration of a nursery, a list of requirements based on Department of Health and Social Security standards for local authorities day nurseries, is forwarded and the building is inspected by a senior medical officer. Only when all conditions are satisfied is the registration recommended to the Health Committee.

Nurseries and child minders are visited regularly by a senior medical officer and health visitors to ensure that satisfactory standards of health and hygiene are maintained. During the year there was no case in which a nursery failed to maintain these standards.

Before any person commences work in a private day nursery or as a child minder, a satisfactory chest X-ray report must be produced, and repeat X-ray examinations are now being requested at 3 yearly intervals. In cases where members of the minder's family are likely to come into contact with the children, similar reports are also required from them in accordance with the Ministry of Health Circular 18/67.

Section 60 of the Health Services and Public Health Act, 1968, which came into effect on 1st November, removed various deficiencies of the Nursery and Child Minders Regulations Act, 1948. The minimum period of reception which requires registration of premises is changed from 'a substantial part of the day' to 'two hours in the day'. Registration is now required to mind one child for reward and higher penalties are prescribed for non-compliance with the Act.

III. TEES-SIDE (MIDDLETON) AIRPORT.

The County Council assumed responsibility for the health control at the Tees-side (Middleton) Airport early in 1965. Arrangements continued for medical cover at the airport in co-operation with three local general practitioners. These doctors have agreed to act as medical inspectors under the Commonwealth Immigrants Act, 1962, and the Aliens Order, 1953, and they have been officially appointed by the Home Office. In addition, five senior members of my staff and myself have been appointed as medical inspectors.

With regard to the Public Health Airport Regulations, arrangements are made for one senior member of my medical staff to be available either in the office or at home at all times.

During 1968, 52 Commonwealth citizens subject to control under the Commonwealth Immigrants Act, 1962 arrived at the airport in addition to 74 aircraft carrying 420 aliens.

PART II

SCHOOL HEALTH SERVICE

ADMINISTRATION

Following the review by the Management Services Unit carried out during the previous year, several changes have been made. The selection of children for medical examinations which was formerly done by head teachers is now done by Health Department staff. Under the new system it is no longer necessary for school medical record cards to be sent to schools several weeks before the medical examinations are due to take place. This means that records are now available in central office for reference until approximately one week before the medical examinations.

Although head teachers do not select the children for medical examinations, they are given a list of the children to be examined and are invited to include any other children who they consider should be examined. The revised system appears to be preferred by the majority of head teachers and medical officers.

In order to facilitate the operation of the revised procedure, twenty-four Scannex Carousel rotating filing units have been provided for the storage of medical record cards.

Other improvements have been carried out during the year, amongst which are the revision of the general filing arrangements, the streamlining of certain clerical procedures, and arrangements have been made for certain records and returns to be compiled by computer.

PREMISES

In May 1968, the old school clinic at Heworth, Felling, ceased to operate and all School Health services were transferred to the new health centre, Oliver Henderson Park, Leam Lane, Felling.

GENERAL STATISTICS

The numbers given throughout the report relate to the Administrative County area excluding the excepted district of Easington. Statistics relating to Easington appear in Dr. Rodgers' report on page 112.

SCHOOLS AND SCHOOL CHILDREN

<i>Type of School.</i>	<i>No.</i>	<i>No. on Rolls, January, 1969.</i>
Nursery Class part-time	...	25
Nursery	...	631 (full-time) 84 (part-time)
Primary	...	411 77,869
Secondary (ex-Modern)	...	87 32,631
Secondary (ex-Grammar/Grammar-Technical)	...	19 14,504
Special Schools :		
Day Schools for Educationally Sub-normal	...	6 602
Residential Schools for Educationally Sub-normal	...	3
Residential Schools for Delicate pupils	...	1
Residential Schools for Maladjusted boys	...	1
	—	5
	543	126,654

(There is also a Residential Hostel for 15 maladjusted boys).

EFFECT OF BOUNDARY CHANGES

On the 1st April, 1968, the County Borough of Teesside was created. The entire Borough of Stockton-on-Tees which was an excepted district and the greater part of the Urban District of Billingham became part of the new County Borough. The following table gives details of the schools and children affected:—

(a) *From the Borough of Stockton-on-Tees :-*

	<i>Type of School</i>	<i>No.</i>	<i>No. of Children.</i>
Nursery Classes—part-time	137
Nursery	—
Primary	...	34	10,429
Secondary Modern	...	11	4,567
Secondary Grammar/Grammar Technical	...	3	1,643
Day Special Schools	...	2	202
		50	16,978
		—	—

(b) *From the remainder of the Administrative County :-*

Nursery...	...	1	40
Primary	...	18	4,835
Secondary Modern	...	4	1,974
Secondary Grammar/Grammar Technical	...	1	970
Day Special	...	1	117
		25	7,936
		—	—

SPECIAL SCHOOLS

The number of pupils attending the County Special Schools in January, 1969, was as follows :—

(a) *For Educationally Sub-Normal Children :—*

Bishop Auckland Day School	...	...	...	...	...	...	116
Durham Day School	...	...	...	...	...	...	123
Felling Day School	...	...	...	...	...	...	106
Hare Law Day School	...	...	...	...	...	...	103
Houghton-le-Spring Day School	...	...	...	...	...	...	91
Spennymoor Whitworth House Day School	...	...	...	...	...	...	63
Dinsdale Park Residential School	...	...	...	...	...	...	74
Elemore Hall Residential School	...	...	...	...	...	...	63
Walworth Castle Residential School	...	...	...	...	...	...	38

(b) *For Delicate Children :—*

Windlestone Hall Residential School	101
-------------------------------------	-----	-----	-----	-----	-----	-----	-----

(c) *For Maladjusted Children :—*

Redworth Hall Residential School	...	...	...	...	...	...	32
						Total	910

SCHOOL HYGIENE AND SANITATION

Alterations continue to take place in the older type of schools to bring them into line with the Standards for School Premises Regulations and a number of schools had hot water installed during the year. Several schools were provided with indoor sanitation.

Satisfactory accommodation is provided in most new schools for the inspection of pupils by doctors, dentists and nurses, but this is lacking in some of the older schools, and in these schools head teachers' rooms or staff-rooms are used. In some cases, it is necessary to hire other premises for this purpose. A mobile medical inspection unit has been ordered and should be available for use in April, 1969.

The provision of individual towels in separate containers is continuing, although this system is being reviewed. Wherever an outbreak of dysentery or other similar disease is suspected, paper towels, which can be burnt, are used.

MEDICAL INSPECTIONS

Routine medical inspection is still being carried out in three groups:—

School Entrants.

Ten Plus Age Group.

School Leavers.

It will be noted from the figures below that the total of routine medical inspections for 1968 is 3,385 more than for 1967 and the number of special examinations or re-inspections is 1,140 more than the previous year.

The main reason for the increase in the total numbers of children medically examined is the fact that the minor ailments clinics ceased to operate at the beginning of the year, thereby allowing the medical officers more time for medical examinations.

Year	Routine Medical Inspection.					Special Inspections and Re-inspections	
1965	32,318	8,039
1966	32,174	8,803
1967	28,433	8,095
1968	31,818	9,235

Full details of medical inspections and treatments are given in Tables 26, 27 and 28 Part III.

Physical Condition

The figures given below are derived from the individual assessments of all the school medical officers and as there are no fixed standards some deviation of opinion is inevitable. Nevertheless I feel that reliable conclusions can be drawn from this information, and it is pleasing to record that the percentage found "unsatisfactory" remains below 1%.

CLASSIFICATION OF PUPILS INSPECTED AT PERIODIC MEDICAL INSPECTIONS, 1965-68.

Year.	Number of Children Inspected.	Satisfactory.		Unsatisfactory.	
		Number.	Percentage.	Number.	Percentage.
1965	32,318	32,043	99.15	275	.85
1966	32,174	31,898	99.14	276	.86
1967	28,433	28,210	99.22	223	.78
1968	31,818	31,640	99.44	178	.56

Medical Inspection at Training Centres for the Mentally Subnormal.

School medical officers paid a total of 23 visits to carry out medical inspections of mentally sub-normal persons attending the training centres at Bishop Auckland, Chester-le-Street, Consett, Durham, Hebburn, Newbottle and Lanchester.

These children and adolescents have been found to be "unsuitable for education at schools" and were certified to be so by school medical officers who knew them and examined them as school children or potential school entrants. The existing arrangement by which medical officers continue to medically examine these children and adolescents, and also visit the training centres, provides a very desirable continuity of contact, and at the same time allows the doctor to be aware of the facilities available at the centre.

SPECIAL INVESTIGATIONS AND VACCINATION AND IMMUNISATION OF SCHOOL CHILDREN AT SCHOOL

During the year the scheme of vaccination against measles was extended to all school children, up to and including the age of 15 years. This resulted in the postponement of some routine school schemes of immunisation and vaccination. Naturally there was a decrease in the number of children immunised against diphtheria and tetanus, and vaccinated against poliomyelitis. On the other hand, 6,222 school children were vaccinated against measles.

Further details relating to immunisation and vaccination appear below.

(a) Tuberculin Testing of School Entrants

To make the school medical examination of children entering school even more complete and comprehensive the scheme commenced in September, 1963, to tuberculin test school entrants to indicate if they had been in contact with a case of tuberculosis, was continued during 1968, although no testing was carried out during the months of June and July, in order to make possible a concentrated scheme of vaccination against measles of children in infants' schools. The tuberculin testing is carried out by the health visiting staff one week prior to the scheduled medical examination and the result of the test is read by the school medical officer at the medical examination. Those children found to be skin test positive are referred to the chest physician for examination.

Of the 81 children found to be tuberculin positive (1.26% of the 6,434 children tested) the majority had overcome the infection. Two children were notified as new cases of tuberculosis.

(b) *Vaccination against Poliomyelitis.*

Arrangements made in previous years were continued, when school children, with the consent of their parents, were given immunising doses of oral vaccine by health visitors under the supervision of medical staff. The number of primary courses given was 1,463 and of reinforcing doses 3,321. It is encouraging to note that there were no cases of poliomyelitis confirmed in 1968.

(c) *Immunisation against Diphtheria and Tetanus.*

As mentioned above there was a decrease in the numbers of children immunised, the actual figures for 1968 were:—

	<i>Diphtheria/Tetanus.</i>	<i>Diphtheria.</i>	<i>Tetanus.</i>
Primary Courses	... 1,412	11	3
Boosters	... 2,762	152	2

(d) *B.C.G. Vaccination.*

Tuberculin testing and vaccination of all school children aged 11 years and upwards was carried out throughout the County, by health visitors and medical officers. Of the 7,811 children skin tested, 932 (11.9%) were already positive and therefore not eligible for vaccination. Protection against tuberculosis by B.C.G. vaccination was given to 6,292 children.

(e) *School Excursions Overseas—Vaccination and Inoculation.*

Parents of children going overseas in school parties were advised that protection against the typhoid group of fevers is a sensible precaution for anyone going abroad and that where children were vaccinated against smallpox in infancy, revaccination would increase their protection against this disease.

Facilities were available for inoculation and vaccination in the school clinics where a total of 225 children from 19 schools were inoculated against the typhoid fevers and 239 were revaccinated against smallpox.

HANDICAPPED PUPILS

The provision of special educational treatment for handicapped pupils continues to be one of the priorities in the County's development scheme.

The Nuffield Trust has agreed to finance the building of a regional assessment centre for handicapped children in Newcastle. This will also act as a local assessment centre for Newcastle but other local authorities in the region are expected to set up their own assessment centres. Consideration is being given to this at present. In the meantime, full use is being made of existing facilities for the assessment of handicapped children.

The following figures show the distribution of handicapped children in the various categories (more detail is given in Table 29).

Blind	...	...	...	...	...	...	...	31
Partially sighted	...	...	...	...	...	...	...	13
Deaf	...	...	...	...	...	...	...	47
Partially hearing	...	...	...	...	...	...	...	56
Physically handicapped	...	...	...	...	...	...	...	180
Delicate	...	...	...	...	...	...	...	102
Epileptic	...	...	...	...	...	...	...	8
Educationally sub-normal	...	...	...	...	...	...	...	944
Maladjusted	...	...	...	...	...	...	...	60
Speech Defective	...	...	...	...	...	...	...	1

(a) *Blind and Partially Sighted.*

Blind Pupils:—

One pupil was examined during the year by school medical officer, and after subsequent examination by consultant ophthalmologists was found to need education in a special school for the blind.

At the end of the year there were 29 pupils in such schools and two children awaiting admission.

Partially Sighted:—

Five pupils were recommended for entry to special schools for the partially sighted, and at the end of the year there were 9 children in such schools plus a further four who were awaiting admission.

(b) *Deaf and Partially Hearing.*

Deaf Pupils:—

Of the children examined during the year seven were recommended for education in special schools for deaf children. At the end of the year there were 46 children in such schools, and one awaiting admission.

Partially Hearing Pupils:—

Eight of the pupils examined were subsequently recommended for admission to units for partially hearing children, and one was recommended for admission to a special school for partially hearing pupils. At the end of the year there were 52 children in the units for partially hearing children, and four in special schools.

In September, 1968 a nursery/early infant unit was opened at Fatfield and a similar unit was opened in Langley Moor during November. There are now eight units for partially hearing children in the County.

The screen testing for hearing defects of new entrants continued to be done in infants' schools during the year. A slightly revised form of test was introduced, and this resulted in fewer children being referred to audiology clinics. Consequently, it was possible to curtail the preliminary clinics in September. The purpose of the preliminary clinics which had been introduced in 1967 was to give children, who had failed the screen test in schools, another test under more favourable conditions and thereby reduce the numbers referred to the medical officer. The fact that fewer children have failed the revised screening test has made the preliminary clinics unnecessary. The senior audiometrist who conducted the preliminary clinics has been able to concentrate more on individual cases needing special attention.

In September, screening tests were introduced for children in their first year at junior schools, in order to discover any hearing losses which might have developed since the age of five years. Although the percentage of failures in the junior schools is not as high as in the infants' schools the figures nevertheless reveal that the test is necessary.

Statistics for the year are as follows:—

Screen Tested in Schools

(a) Infants			Boys.	Girls.	Total.
Tested ...	...	...	9,318	8,689	18,007
Failed ...	...	...	1,037	950	1,987
% Incidence ...	...	...	11.1	10.9	11.0

(b) Juniors.			Boys.	Girls.	Total.
Tested ...	...	...	1,627	1,691	3,312
Failed ...	...	...	115	82	197
% Incidence ...	...	...	7.1	4.8	5.9

Preliminary Clinics (ceased September 1968)

Number of Appointments.	For Further Observation.	Did Not Keep Appointment.	No Further Action.
2,148	1,215 (56.5%)	310 (14.5%)	623 (29.0%)

Audiology Clinics

Number of Appointments.	Referred to Consultants.	For Further Observation.	Did Not Keep Appointment.	No Further Action.
7,295	515 (7.1%)	1,831 (25.0%)	1,719 (23.6%)	3,230 (44.3%)

(c) *Physically Handicapped Pupils.*

The number of children with physical handicaps examined for the first time during the year was 49 and 201 were re-examined.

Of these children, 183 were found to be able to cope with the conditions of the ordinary school, 15 were recommended for admission to special schools and 52 for tuition at home. At the end of the year there was one child awaiting a place in a special school. No child was considered to be unsuitable for any type of education.

Seventy-two physically handicapped children were attending special schools, 46 were receiving tuition at home and 61 in hospital.

(d) *Delicate Pupils.*

A total of 43 children were examined or re-examined during the year and 12 were found capable of attending ordinary schools. Twenty-six were recommended for special schools, and five for home tuition and review at a later date.

At the end of the year 78 delicate children were attending special schools, 12 were receiving home tuition and 12 were awaiting admission to special schools.

(e) *Epileptic Children.*

Five children were examined or re-examined during the year.

There was one epileptic child awaiting a place in a special school at the end of the year. The number at present in special schools is six, and one child is receiving education at home.

(f) *Educationally Sub-Normal Children.*

During the year 267 children were examined and of these 51 children were found to be unsuitable for education in school. Details of the other recommendations appear in Table 29.

The Liaison Committee, consisting of Health, Education and Children's Committee representatives met quarterly to consider reports from the officers concerned, including the County Youth Employment Officer, on the progress and after-care of children needing supervision after leaving school.

(g) *Maladjusted Children.*

A total of 209 new cases were seen by a psychiatrist during the year, 53 of these were seen at the request of Juvenile Courts. At the end of the year there were 35 children in special schools, and 12 in the County Council's residential hostel. 11 children were awaiting a vacancy in a special school.

(h) *Speech Defective Pupils.*

A total of 362 children received treatment in the speech clinics run by the school health service during 1968 whilst a further 398 children from the Administrative County were known to have received treatment at the hospital clinics, and other local authorities' clinics.

Diabetic and Epileptic Holiday Camps.

Arrangements were made for children to attend holiday camps under the auspices of the British Diabetic Association and the British Epilepsy Association as follows:—

The British Diabetic Association:—

Springhill Camp, Suffolk	...	...	...	...	...	...	2
Balfour High School, Stirling	...	...	...	...	...	...	2
Fulneck House, Pudsey, Yorks	...	...	...	...	...	...	4

The British Epilepsy Association:—

City of Coventry's Boarding School, Cleobury Mortimer	...	...	3
Happy Wanderers, Guildford	...	...	2

MISCELLANEOUS MEDICAL EXAMINATIONS

Medical examinations other than periodic examinations in schools were undertaken as in previous years. Details are given below. (Figures in brackets refer to 1967).

(a) Examination under Section 18 of the Children and Young Persons Act, 1933.

These examinations are of children between the ages of 14 and 16 and are required to determine the fitness of children to receive employment licences and badges.

Part-time employment is usually that of newsboy, errand boy or shop assistant.

No. of children examined	...	...	...	...	...	274	(233)
No. of children unfit to be employed	...	...	...	...	...	none	(2)

(b) Examination under Section 22 of the Children and Young Persons Act, 1933.

These are examinations of children desiring to take part in entertainments.

No. of children examined	...	...	...	...	...	...	2	(7)
No. of children unfit	...	...	...	...	...	...	none	(none)

(c) Juvenile Courts.

No. of children or young persons examined arising out of proceedings in Juvenile Courts	none	(4)
---	-----	-----	-----	-----	-----	-----	------	-----

(d) Candidates for Royal Air Force.

Apprentices or Boy Entrants	none	(none)
-----------------------------	-----	-----	-----	-----	-----	-----	------	--------

(e) Candidates for admission to courses of training for teaching and to

the teaching profession	1,012	(993)
-------------------------	-----	-----	-----	-----	-----	-----	-------	-------

(f) Superannuation cases	520	(456)
--------------------------	-----	-----	-----	-----	-----	-----	-----	-------

THE CHILD GUIDANCE CLINIC SERVICE

This year has again seen an increase in the number of cases referred to the Child Guidance Service and it seems that further expansion will be desirable when appropriate staff can be obtained. Durham remains the principal clinic with appointments given most days of the week, but weekly clinics are regularly held at Jarrow, and Bishop Auckland. The service to residential schools has been further developed so that in addition to the regular weekly visits by a psychiatrist to Leafield House Hostel and Redworth Hall Residential School, the other County residential schools have also had such visits at least once a term and more often as required. The exception is Elemore Hall Residential School, where boys needing help have been attending the Durham clinic. This service recognises the fact that residential school catering for other forms of handicap do have pupils who are also maladjusted.

Figures of attendance for both clinics are as follows (attendance are given separately for Jarrow but the Durham and Bishop Auckland clinics are combined):—

Psychiatrists:	New Cases:	Durham	...	...	...	...	174
		Jarrow	...	...	...	...	35

This includes 40 cases seen at Durham and 13 at Jarrow at the request of the Juvenile Courts.

Follow-up and treatment sessions:	Durham	...	...	...	...	760
	Jarrow	...	...	...	...	18

Dr. Murray (Psychiatrist), terminated at the Jarrow clinic on 27th November, 1968.

<i>Psychologists:</i>	<i>New Cases:</i>	Durham	at school	...	...	52
		at clinic	...	...	...	49
		school visits	...	...	...	128
		follow-up at clinic	...	...	...	32
		Jarrow	at school	...	...	3
		at clinic	...	...	...	23
		school visits	...	...	...	86
		follow-up at clinic	...	...	...	184
<i>Social Workers:</i>	<i>New cases:</i>	Durham	at home	...	...	49
		at clinic	...	...	...	88
		follow-up at home	...	...	...	265
		clinic	...	...	...	524
		Jarrow	at home	...	...	17
		at clinic	...	...	...	—
		follow-up at home	...	...	...	24
		clinic	...	...	...	32

Mrs. Sanders (Social Worker), terminated at the Jarrow clinic in July 1968.

SPEECH THERAPY

This year has seen a marked improvement in the speech therapy service. From January to March there were only two part-time speech therapists in the service of the County Council, Mrs. D. Cadwallender based at Billingham and Mrs. N. Smale based in the City of Durham. On the 1st April Mrs. Cadwallender transferred to the service of the newly created Teesside County Borough leaving Mrs. Smale as the only speech therapist. Those children urgently requiring treatment were referred to the hospital therapists in Durham, Shotley Bridge, Chester-le-Street, Darlington, Sunderland and Newcastle and a few to the local authority therapists in Gateshead, Teesside and Easington.

Mrs. M. E. Gough was appointed chief speech therapist on 13th May, 1968 to encourage recruitment, co-ordinate the service throughout the County, and liaise with therapists in County Boroughs and hospitals also with the Sub-Department of Speech at Newcastle University. This could prove a fruitful source of recruitment as more students are qualifying each year.

In September, two therapists were appointed covering the northern part of the county, Mrs. A. M. Muir as senior speech therapist in the densely populated areas of Washington, Jarrow, East Boldon and Felling, also the Day School at Felling, and Miss R. Atkinson who re-started the Stanley clinic and Harelaw Day School, and opened new clinics at Blaydon, Ryton and Consett. Mrs. Gough re-opened the Newton Aycliffe and Bishop Auckland clinics also, and Dinsdale Park Special School in November, seeing children each fortnight. Mrs. E. Clayton who had helped the former senior speech therapist, Mrs. Tate, rejoined us to assist in play-groups and the practising of articulation exercises under the supervision of Mrs. Gough and Mrs. Smale at Durham and Bishop Auckland clinics, Spennymoor Day School, also at Woodhouse Close Infants School where there is a large number of speech defective children who lack home language stimulation. Mrs. Muir has also been taking two groups of severely speech defective children at Boldon Colliery Infants School.

As a result of the extra staff, the school medical officers and head teachers are referring a large number of cases so that therapists have to be very selective, treating only those with severe handicaps, but advising many parents and teachers on the management of the children, and keeping the others under three or six monthly review, especially those in infants schools who frequently show much spontaneous improvement during the first 12-18 months at school.

Mrs. Gough has attended day courses at the Royal Victoria Infirmary, Newcastle and Sheffield Children's Hospital, also an audiology course for health visitors at the Technical College. She has also lectured twice to Play Group Leaders on the normal development of speech in infancy and how they can stimulate the speech and language of these pre-school children. She has also talked to the school medical officers on the Speech Therapy Service in the county and started a Durham County Discussion Group for county and hospital therapists to improve liaison between these services and help therapists with difficult and unusual patients.

It is hoped that as staff increases, each therapist if she so desires, will be able to spend at least one session in the hospital service with reciprocation from the hospital therapists in school clinic service. Owing to the resignation of Miss Blair from Dryburn, Shotley Bridge and Chester-le-Street Hospitals, 129 pre and school children have been referred back to county therapists for treatment and review. Fourteen of these have already been admitted to our clinics. The remainder will be admitted if necessary as soon as possible.

County Children who have attended Hospital Clinics are as follows:—

							<i>Discharged or Transferred.</i>
Darlington Memorial Hospital	...	...	...	...	...	12	5
Shotley Bridge Hospital	...	...	...	...	...	32	9
Newcastle General Hospital for Sick Children	...	...	...	...	...	67	18
Newcastle Royal Victoria Infirmary	...	...	...	...	...	79	43
Sunderland Children's Hospital	...	...	...	...	...	58	8
Chester-le-Street Hospital	...	...	...	...	...	19	8
Dryburn Hospital	...	...	...	...	...	24	9
						<hr/>	<hr/>
					Totals	291	100
						<hr/>	<hr/>

Children Treated in other L.E.A. Clinics.

Gateshead	...	...	...	...	...	...	41	14
Easington	...	...	...	...	...	...	4	
Billingham	...	...	...	...	...	...	12	5
(January-March 1968 prior to Teesside C. Borough)	...						47	
Billingham E.S.N. School	...	...	...	...	...	...	3	
							<hr/>	<hr/>
					Totals	107	19	
						<hr/>	<hr/>	

Children Treated in County Clinics

Washington	...	...	...	...	...	...	34	
Felling	...	...	...	...	...	...	20	
East Boldon	...	...	...	...	...	...	12	
Boldon North Road Infants School (groups)	...						18	
Jarrow (including 2 groups of 3-4 and 5-6 year old children)	...						47	
Durham	...	...	...	...	...	...	46	21
Blaydon	...	...	...	...	...	...	8	
Ryton	...	...	...	...	...	...	8	
Consett	...	...	...	...	...	...	17	
Stanley	...	...	...	...	...	...	31	
Children seen fortnightly and monthly in N. West	...						15	
Newton Aycliffe	...	...	...	...	...	...	22	
Bishop Auckland	...	...	...	...	...	...	30	
Woodhouse Close Infants School	...	...	...	...	...	...	20	

<i>Special Schools</i>								<i>Discharged or Transferred.</i>
Felling	...	...	...	...	...	...	...	10
Harelaw	...	...	...	...	...	...	...	12
Dinsdale Park	...	...	...	...	...	...	...	6
Spennymoor	...	...	...	...	...	...	...	6
								<hr/>
							Total	362
								<hr/>
								21
								<hr/>
<i>Children on Waiting Lists for Treatment</i>								
Durham City and Rural	...	...	...	...	...	...	...	36
North-East Durham	...	...	...	...	...	...	...	39
North-West Durham	...	...	...	...	...	...	...	104
Newton Aycliffe, Bishop Auckland and Southern Durham	...	...	...	...	...	...	...	120
								<hr/>
							Total	299
								<hr/>

It should be noted that this waiting list does not include a larger number of children under observation, a proportion of whom may need treatment at a later date.

DENTAL SERVICE

The Principal School Dental Officer reports as follows:—

At the beginning of 1968 we had the services of 16 full-time school dental officers and 8 part-time school dental officers, making an equivalent of 18.7 full-time officers. At the end of the year we had 13 full-time officers and 12 part-time officers making an equivalent of 17.3 full-time officers. These figures do not include the excepted district of Easington. It will be noted with regret that over the year we had resignations from 3 full-time school dental officers thus aggravating the staffing position.

In March the school dental officer for the Felling area moved from the old clinic at Heworth to the new health centre at Leam Lane.

Two dental surgery assistants attended a part-time evening course at Durham Technical College and sat the British Dental Nurses Examination in May and both were successful.

In August, at the County Show, a mobile cinema van, on loan from the Oral Hygiene Service was on display. This proved successful and many visitors to the Show were interested in the various films shown.

In September permission was obtained for the supplying of seven airotors. This enabled us to bring the rest of our clinics up to date with modern equipment.

In October, a Department of Education and Science Dental Officer visited the County and he inspected several of our clinics and held discussions on the state of the dental service.

In November we had a very successful visit from Pierre the clown who is subsidised by the General Dental Council and the Fruit Producers Council. In the two weeks of his stay he visited 90 schools and talked to some 17,000 children on the need for dental care.

Over the year many talks were given by the dental auxiliary to children in schools and the Principal School Dental Officer or school dental officers gave talks to various organisations interested in dental health.

Close liaison with dental hospitals and general dental practitioners has been maintained.

Inspection and Treatment.

A reduction in the number of fillings of some 809 as compared with the previous year is noted. The number of extractions has reduced by some 3,473. This is no doubt due to the fact that we have had resignations from school dental officers for which we have been unable to secure replacements. Details of the years work are given in Table 30, Part III.

NURSING AND HEALTH VISITOR SERVICES

The establishment of school nurses is 33 and at the 31st December, 1968 there were 28 in post.

Cleanliness surveys were carried out almost entirely by school nurses. Health visitors and school nurses worked together in the care of families with special problems and in the follow up of cases discharged from hospital. School nurses carried out the heaf testing of school entrants and assisted with B.C.G. vaccination of older children.

Duties in connection with the escort of handicapped children to special schools were undertaken by specially appointed escorts. Only in cases of special difficulties were school nurses and occasionally health visitors involved.

Routine minor ailment clinics were discontinued. School nurses were in attendance at medical examinations in the schools, when examinations were carried out on potential employees of the County Council, college entrants for teacher training and handicapped pupils.

Home visits were paid to advise on the prevention of the spread of infection, following cleanliness surveys, discharge from hospital, follow up of eye defects, defaulters from attendance for specialist or clinic appointments, the supervision of the use of enuresis equipment.

The Management Services Unit undertook an assessment of the school nurses' duties in an overall assessment of the School Health Section. Implementation of this report could not be completed this year.

Five Keystone vision screeners were obtained and used for examination of eyes prior to medical examinations in schools. This has proved to be a quick and reliable test but it was not possible to use the Keystone equipment on all children due for medical examination.

A survey of the incidence of verruca amongst school children was commenced in September in the Consett and Spennymoor areas the latter being used as a "Control". School nurses carried out most of the inspections of feet but because examinations were concentrated into one week it became necessary for health visitors to assist in some schools. Cases of verruca found were followed up by referral for medical advice and by home visiting until the condition was cured.

HEALTH EDUCATION IN SCHOOLS

The Health Education Advisory Committee continued to meet during the year and a basic syllabus was designed for consideration by the committee. When the detailed content of the syllabus has been finalised it will be implemented experimentally in the 1969/70 School Year in a number of schools.

A health education course was designed and taught by the staff of the Health Education section at Shildon Sunnydale School. The course was part of a project organised by the head teacher to improve the standard of personal hygiene within the school. The course was observed by a member of the staff of the school, who will be responsible for the teaching of a modified version.

Several experimental courses are planned for implementation in 1969.

PROVISION OF SCHOOL MEALS

Arrangements are being made for the provision of kitchen dining rooms at 14 new schools and for kitchen facilities at 6 existing schools at present being supplied with meals from Central Kitchens.

Statistics showing the position on 31st December, 1968:—

Central Kitchens	...	...	...	...	...	...	...	30
School Canteens—								
Secondary	...	...	...	...	...	...	...	72
Primary	...	...	...	...	...	...	...	128
Nursery...	...	...	...	...	...	...	...	17
School Dining Centres	...	...	...	...	...	...	...	324

Meals supplied during 12 months ended 31st December, 1968:—

Free	...	...	...	...	...	...	...	3,533,130
On Payment	...	...	...	...	...	...	...	11,996,245
<hr/>								TOTAL <u>15,529,375</u>

PART III

STATISTICAL TABLES

A. HEALTH AND WELFARE

TABLE I.
POPULATION, BIRTH RATE, DEATH-RATE, ETC., WITHIN THE ADMINISTRATIVE COUNTY OF DURHAM, 1968.

Districts.	Medical Officer of Health.	Area in Acres.	Registrar General's estimated Resident Population 1968	Live Births.	Still Births.	Deaths.	Birth-rate.	Death-rate.	Death-rate from seven Principal Infective Diseases.	Infant Mortality per 1,000 Births.	Phthisis Death-rate.	Tuberculosis Death-rate.	Lung Diseases Death-rate.	Deaths occurring within District excluded.
														Deaths occurring outside District included.
AREA No. 1. Blaydon U.D. Byron U.D. Whickham U.D.	J. A. Dryden, M.A., B.Sc., M.B., B.Chir., D.P.H., D.I.H. Do. Do.	9,235 5,145 6,074	32,170 14,910 28,220	540 1 506	4 1 3	348 183 284	16.8 15.4 17.9	10.8 12.3 10.1	— — —	33 13 24	0.03 — —	1.59 1.41 0.99	181 94 102	44 22 222
AREA No. 2. Jarrow M.B. Felling U.D. Hebburn U.D.	H. C. Weir, M.A., M.B., B.Ch., B.A.O., D.P.H. Do. Do.	1,948 3,257 1,555	29,360 39,010 24,730	530 584 374	10 8 6	357 354 234	18.1 15.0 15.1	12.2 9.1 9.5	— — —	23 24 24	— 0.03 0.04	2.28 1.10 1.58	153 175 104	14 3 2
AREA No. 3. Consett U.D. Stanley U.D. Lanchester R.D.	R. Hill, M.B., B.Ch., D.P.H. Do. Do.	10,042 12,659 44,243	37,320 44,380 15,020	568 659 209	8 12 5	432 538 241	15.2 14.8 13.9	11.6 12.1 16.0	0.03 0.07 —	23 24 5	0.08 0.05 —	1.66 1.80 2.80	70 299 67	457 10 99
AREA No. 4. Chester-le-Sreet U.D. Chester-le-Sreet R.D.	J. L. Siddle, M.B., B.S., D.P.H. Do.	66,944	96,720	1,488	24	945	16.0	10.2	—	24	0.02	1.60	432	19
AREA No. 5. Baldon U.D. Hutton U.D. Houghton-le-Spring U.D. Seaham U.D. Washington U.D.	H. C. Weir, M.A., M.B., B.Ch., B.A.O., D.P.H., P.A.Y. Narayan, M.B., B.S., D.T.M. & H., D.P.H. Do. Do. Do.	7,344 4,552 6,754 2,447 6,572	22,940 17,110 31,960 25,030 21,170	370 278 563 372 388	3 5 10 7 4	241 202 378 299 202	16.1 16.2 17.6 11.9 18.3	13.9 11.8 11.8 11.9 9.5	— — — — —	21 16 12 16 15	0.05 0.07 0.05 0.04 —	1.94 1.72 1.72 1.72 1.46	51 241 241 241 111	237 8 8 8 7
AREA No. 6. Crook & Willington U.D. Tow Law U.D. Wearside R.D.	G. A. Macgregor, M.D., D.P.H. Do. Do.	15,476 4,771 99,513	23,390 2,840 8,100	287 45 99	5 2 2	371 45 133	12.3 15.8 12.2	15.9 15.8 16.4	— — —	21 10 10	0.04 — —	2.61 2.82 1.36	114 20 35	38 — 11
AREA No. 7. Durham M.B. Brandon & Byshotties U.D. Durham R.D.	R. G. Drummond, M.B., Ch.B., D.P.H. Do. Do.	4,578 8,224 34,070	25,090 18,800 38,690	328 297 698	5 8 10	288 208 432	13.1 15.8 18.0	11.5 11.1 11.2	— — —	9 34 13	0.04 — 0.05	1.56 1.44 1.27	26 89 183	375 1 14
AREA No. 8. Barnard Castle U.D. Barnard Castle R.D.	A. S. M. Wilson, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. Do.	559 17,410	100 234	1 3	94 207	18.0 13.4	16.9 11.9	— —	— —	20 38	0.06 —	1.80 0.11	28 113	43 1
AREA No. 9. Bishop Auckland U.D. Shildon & Spennymoor U.D.	E. M. Osborne, M.B., Ch.B., D.P.H., D.C.H., D.O.Bst., R.C.O.G. Do. R. G. Drummond, M.B., Ch.B., D.P.H. Do.	9,332 4,827 7,543	34,740 13,790 18,400	583 255 247	5 4 4	425 193 228	16.8 14.0 13.4	12.2 14.0 12.4	0.03 — —	17 20 20	0.03 — —	1.50 2.45 1.41	44 73 73	431 2 2
AREA No. 10. Darlington R.D. Seaghdle R.D. Stockton R.D.	M. W. Rodgers, M.B., B.Ch., B.A.O., D.P.H. Do. L. R. Benham, M.B., B.S., D.P.H. Do.	45,173 39,057 34,418	31,510 35,090 13,550	530 579 426	6 5 4	230 491 119	16.8 16.5 16.2	7.6 14.0 8.5	0.03 — —	9 22 13	— 0.03 —	0.92 2.45 1.41	113 73 73	14 618 3
Easington R.D.	J. W. A. Rodgers, M.B., B.Ch., D.P.H. Do.	34,673	86,390	1,464	26	962	16.9	11.1	0.01	27	0.02	0.73	385	175
ADMINISTRATIVE COUNTY	..	594,734	823,370	13,304	202	9,506	16.1	11.5	0.01	20	0.03	1.68	3,772	2,983

TABLE 2.

ADMINISTRATIVE COUNTY OF DURHAM.

COMPARISON OF DEATHS IN CERTAIN AGE GROUPS, 1900-1968.

Year.	Death Rate.	Percentage of Total Deaths.						
		Under 1 year.	1-14 years.	15-24 years.	25-44 years.	45-64 years.	65-74 years.	75 years and over.
1900	18.6	32.0	17.7	5.5	—	—	—	—
					26.9		17.9	
1910	14.3	29.1	16.6	5.2	—	—	—	—
					28.2		20.9	
1920	11.5	25.4	15.6	5.1	11.7	18.5	—	—
					30.2		23.7	
1930	11.2	13.7	10.6	5.3	11.7	23.6	—	—
					35.3		35.1	
1940	13.1	8.4	4.9	3.9	10.0	26.3	24.4	22.1
					36.3		46.5	
1950	11.8	6.1	1.9	1.6	6.3	23.8	27.7	32.6
					30.1		60.3	
1960	11.5	4.5	1.1	0.8	3.9	25.0	26.8	37.9
					28.9		64.7	
1968	11.4	2.8	0.8	0.7	3.6	23.6	28.6	39.9
					27.2		68.5	

TABLE 3.

ADMINISTRATIVE COUNTY OF DURHAM.—CLASSIFICATION OF DEATHS AS SUPPLIED BY THE REGISTRAR GENERAL, 1968.

CAUSES OF DEATH.	MALE.												FEMALE.															
	URBAN DISTRICTS						RURAL DISTRICTS						MALE.						FEMALE.									
	TOTAL	M	F	M	F	M	M	F	M	F	M	F	Under 4 weeks	4 weeks to 1 year	1—5	5—15	15—25	25—35	35—45	45—55	55—65	65—75	75 & over					
Enteritis and other diarrhoeal diseases	15	8	7	5	3	2	1	4	1	4	1	4	—	—	—	—	—	—	—	—	—	—	—	—				
Tuberculosis of respiratory system	24	20	4	12	3	8	1	—	—	—	—	—	1	5	3	3	—	—	—	—	—	—	2	—				
Other tuberculosis, incl. late effects	11	11	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
Meningo-coccal disease	5	3	2	1	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
Syphilis and its sequelae	5	3	2	1	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
Other infective and parasitic diseases	15	5	10	1	5	4	5	—	—	—	—	—	1	1	1	1	—	—	—	—	—	—	2	4				
Malignant Neoplasm—stomach	279	151	128	102	90	49	38	—	—	—	—	—	1	1	1	1	5	7	14	45	57	—	—	—				
Malignant Neoplasm—lung, bronchus	438	378	60	255	36	123	24	—	—	—	—	—	1	2	1	1	1	6	11	17	11	14	36	26	—			
Malignant Neoplasm—breast	136	1	135	1	—	85	—	50	—	—	—	—	1	—	—	—	3	14	23	33	19	12	—	—	—			
Malignant Neoplasm—uterus	59	20	59	—	42	17	—	—	—	—	—	—	—	—	—	—	2	1	1	1	1	1	4	5				
Leukaemia	42	20	22	11	12	9	10	—	—	—	—	—	2	2	1	1	4	3	4	1	1	1	1	—				
Other malignant neoplasms, etc.	847	458	389	301	257	157	132	—	—	—	—	—	7	7	7	15	84	166	136	36	84	129	121	—				
Benign and Unspecified neoplasms	24	12	12	8	8	4	4	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1	5	1				
Diabetes mellitus	99	27	72	19	52	8	20	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1	1	1				
Avitaminoses, etc.	5	25	—	12	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
Other endocrine etc. diseases	29	8	21	6	12	7	9	—	—	—	—	—	1	1	1	1	2	3	—	—	—	—	5	7				
Anæmias	39	15	24	8	16	7	8	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1	4	16				
Other diseases of blood, etc.	5	1	4	2	—	2	1	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1	2	1				
Mental disorders	21	12	9	8	4	4	5	—	—	—	—	—	2	1	1	1	2	1	1	1	1	1	1	1				
Meningitis	62	47	37	37	26	21	1	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1	1	1				
Other diseases of nervous system, etc.	109	62	47	37	26	21	1	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1	1	1				
Chronic rheumatic heart disease	120	49	71	37	47	24	24	—	—	—	—	—	2	3	8	10	14	16	10	17	15	13	14	—				
Hypertensive disease	149	63	86	36	59	27	27	—	—	—	—	—	1	2	1	1	1	2	3	11	11	26	43	—				
Ischaemic heart disease	2,408	1,418	990	918	637	500	353	—	—	—	—	—	1	1	1	1	52	148	369	437	406	348	451	—				
Other forms of heart disease	409	182	227	117	155	65	72	—	—	—	—	—	1	2	1	1	9	24	34	18	49	152	452	—				
Cerebro-vascular disease	1,392	655	737	406	482	249	255	—	—	—	—	—	2	1	1	1	2	19	33	84	194	331	193	—				
Other diseases of circulatory system	440	201	329	137	152	64	87	—	—	—	—	—	1	1	1	1	5	5	18	49	123	111	167	—				
Influenza	48	16	32	9	24	12	8	—	—	—	—	—	1	1	1	1	4	3	4	12	17	19	57	—				
Pneumonia	518	245	273	156	158	89	115	2	14	3	1	1	1	1	1	1	2	1	2	1	2	1	2	1				
Bronchitis and emphysema	649	524	125	360	100	164	25	—	—	—	—	—	1	1	1	1	2	1	1	2	1	1	1	1				
Asthma	25	8	17	5	14	3	3	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1	1	1				
Other diseases of respiratory system	146	97	49	52	28	45	21	2	7	2	1	1	1	1	1	1	7	3	19	23	32	5	1					
Peptic ulcer	67	50	17	35	10	15	7	—	—	—	—	—	1	1	1	1	7	1	1	1	2	1	6	8				
Appendicitis	6	4	2	2	2	2	2	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1	1	1				
Intestinal obstruction and hernia	32	14	18	13	14	12	4	—	—	—	—	—	1	1	1	1	5	4	8	2	4	1	1	1				
Cirrhosis of Liver	26	16	10	10	10	6	6	—	—	—	—	—	1	1	1	1	4	4	16	13	18	8	21	—				
Other diseases of digestive system	77	38	39	26	27	12	12	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1	4	13				
Nephritis and Nephrosis	55	32	23	15	11	8	8	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1	4	1				
Hyperplasia of Prostate	58	25	33	18	22	7	11	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1	2	1				
Other diseases, genito-urinary system	58	25	17	35	10	15	7	—	—	—	—	—	1	1	1	1	2	5	17	5	17	12	13	—				
Abortion	1	—	6	—	3	—	—	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1	1	1				
Other complications of pregnancy, etc.	13	4	—	4	—	4	4	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1	1	1				
Diseases of skin, subcutaneous tissue	5	1	—	—	—	—	—	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1	3	2				
Diseases of muscle-skeletal system	85	39	46	24	30	15	16	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1	1	1				
Congenital anomalies	56	36	20	25	13	11	7	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1	1	1				
Birth injury, difficult labour, etc.	55	30	25	21	17	9	8	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1	1	1				
Other causes of perinatal mortality	69	29	40	22	24	7	16	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1	1	1				
Symptoms and ill-defined conditions	85	60	25	31	15	29	10	—	—	—	—	—	1	1	1	1	1	1	1	1	1	1	1	1				
Motor vehicle accidents	178	90	88	54	57	36	31	2	5	2	14	10	6	6	6	6	8	11	9	12	7	1	1					
All other accidents	164	45	19	34	15	11	6	—	—	—	—	—	1	1	1	1	2	3	4	5	4	6	2					
Suicide and self-inflicted injuries	24	16	8	11	6	5	2	—	—	—	—	—	1	1	1	1	2	1	1	1	1	1	1	1				
All other external causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—				
	9,506	5,218	4,288	3,390	2,801	1,828	1,487	98	52	25	15	49	48	415	1,056	1,558	1,733	77	39	16	20	22	29	92	228	544	1,163	2,058

*Including Municipal Boroughs of Durham and Jarrow.

TABLE 4.

Comparative Vital Statistics, Administrative County of Durham and England and Wales, 1968.

	Rates per 1,000 Population.											Rates per 1,000 Total (Live and Still) Births.	
	Live Births	Still Births	DEATHS.										
			All Causes	Typhoid and Para-Typhoid	Whooping Cough	Diphtheria	Tuberculosis	Influenza	Acute Poliomyelitis	Pneumonia	Under one year—all causes		
DURHAM COUNTY ...	16.1	0.31	11.5	—	—	—	0.03	0.06	—	0.6	20	0.53	0.52
*ENGLAND and WALES	16.9	0.24	11.9	0.00	0.00	—	0.04	0.09	—	1.0	18	†	0.24

* Provisional.

† Not available.

TABLE 5.

ADMINISTRATIVE COUNTY OF DURHAM.

COMPARATIVE BIRTH AND INFANT MORTALITY STATISTICS, 1959-1968.

Year.	Births.	Deaths under 1 year.	Infant Mortality Rate.	Perinatal Mortality Rate.	Early Neo-Natal Mortality Rate.	Infant Mortality Rate. 1 week—1 year.
1959	16,976	453	27	39.1	16.0	10.5
1960	17,622	488	28	40.1	17.0	10.4
1961	17,411	407	23	35.7	13.8	9.3
1962	17,910	467	26	35.7	16.4	9.5
1963	17,639	396	22	32.4	13.5	8.8
1964	17,726	406	23	33.5	13.8	8.8
1965	17,601	362	21	30.7	12.0	8.4
1966	16,997	357	21	28.6	11.6	9.2
1967	16,035	332	21	26.6	11.3	9.4
1968	13,304	266	20	25.9	11.1	8.7

TABLE 6.
HOME NURSING STATISTICS.

Year.	Staff.		General Medical.		Infectious Diseases.		Tuberculosis.		Maternal Complications		Others.		Total.			
	Whole-time	Part-time	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits				
1967	110	18	13,901	299,608	4,249	89,688	1	50	485	23,627	132	920	51	7,719	18,819	421,612
1968	92	17	9,942	266,325	3,338	76,537	3	24	261	16,161	48	362	—	8,047	13,592	367,456

Patients included in above Table who were 65 or over at the time of the first visit during the year.

Year.	Cases		Visits		Cases		Visits		Cases		Visits	
	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits	Cases	Visits
1967	9,702	263,993	818	5,236					4,634		283,371	
1968	7,497	232,470	324	3,008					3,559		236,935	

TABLE 7.

ADMINISTRATIVE COUNTY OF DURHAM.

Number of Persons Vaccinated or Re-vaccinated against Smallpox for which records were received during the year 1968

District.	VACCINATED Age at date of Vaccination.					RE-VACCINATED Age at date of Re-vaccination.				
	Under 1	1	2 to 4	5 to 15	Total	Under 1	1	2 to 4	5 to 15	Total
<i>Area No. 1.</i>										
Blaydon U.D. ...	12	246	49	12	319	—	—	2	9	11
Ryton U.D. ...	6	163	28	7	204	—	—	—	1	1
Whickham U.D. ...	17	199	33	14	263	—	—	1	5	6
<i>Area No. 2.</i>										
Jarrow M.B. ...	21	146	27	10	204	—	—	1	5	6
Felling U.D. ...	16	175	48	10	249	—	—	—	5	5
Hebburn U.D. ...	23	79	20	7	129	—	—	1	1	2
<i>Area No. 3.</i>										
Consett U.D. ...	8	206	28	9	251	—	—	3	3	6
Stanley U.D. ...	10	229	20	7	266	—	—	2	5	7
Lanchester R.D. ...	5	76	13	6	100	—	—	—	3	3
<i>Area No. 4.</i>										
Chester-le-Street U.D.	16	118	17	4	155	—	—	—	—	—
Chester-le-Street R.D.	19	298	48	7	372	—	—	2	—	2
<i>Area No. 5.</i>										
Boldon U.D. ...	14	156	20	7	197	—	—	—	9	9
Hetton U.D. ...	2	65	8	5	80	—	—	—	—	—
Houghton-le-Spring U.D.	10	160	18	14	202	—	—	1	5	6
Seaham U.D. ...	7	99	9	3	118	—	—	—	—	—
Washington U.D. ...	8	150	11	12	181	—	—	—	1	1
<i>Area No. 6.</i>										
Crook & Willington U.D.	7	71	26	4	108	—	—	2	5	7
Tow Law U.D. ...	1	17	1	—	19	—	—	—	—	—
Weardale R.D. ...	3	38	3	19	63	—	—	—	6	6
<i>Area No. 7.</i>										
Durham M.B. ...	5	162	24	4	195	—	—	—	9	9
Brandon & Byshottles U.D. ...	4	86	18	1	109	—	—	—	—	—
Durham R.D. ...	16	267	55	9	347	—	—	1	3	4
<i>Area No. 8.</i>										
Barnard Castle U.D. ...	—	8	8	6	22	—	—	—	1	1
Barnard Castle R.D. ...	4	33	24	7	68	—	—	1	1	2
<i>Area No. 9.</i>										
Bishop Auckland U.D.	18	132	39	5	194	—	—	1	3	4
Shildon U.D. ...	—	38	25	15	78	—	—	—	—	—
Spennymoor U.D. ...	2	61	10	9	82	—	—	—	—	—
<i>Area No. 10.</i>										
Darlington R.D. ...	15	95	72	34	216	—	—	6	23	29
Sedgefield R.D. ...	8	147	21	9	185	—	—	—	8	8
Stockton R.D. ...	4	93	20	8	125	—	—	1	3	4
<i>Easington R.D.</i> ...	47	293	91	16	447	—	—	3	30	33
ADMINISTRATIVE COUNTY	328	4,106	834	280	5,548	—	—	28	144	172

TABLE 8.

POLIOMYELITIS, DIPHTHERIA, WHOOPING COUGH, TETANUS AND MEASLES IMMUNISATION

No. of persons immunised against Poliomyelitis, Diphtheria, Whooping Cough, Tetanus and Measles for which records were received during the year ended
31st December, 1968

Type of Vaccine or Dose	Completed Primary Courses					Reinforcing Doses					Others Under Age 16	Total		
	Year of Birth					Year of Birth								
	1968	1967	1966	1965	1961-64	1968	1967	1966	1965	1961-64				
Quadruple DTPP	—	—	—	—	—	—	—	—	—	—	—	—		
Triple DTP	1,978	5,382	452	206	295	36	8,349	3	1,195	2,853	350	2,556		
Diphtheria/Pertussis	—	—	—	—	—	1	1	—	—	—	7	7,094		
Diphtheria/Tetanus	28	112	31	29	1,492	258	1,950	1	77	183	74	6,148		
Diphtheria	—	—	—	—	6	—	6	—	1	—	1	384		
Pertussis	—	—	—	—	—	—	—	—	—	—	—	6,867		
Tetanus	2	11	17	14	93	659	796	—	6	17	12	581		
Salk	—	3	3	2	10	1	19	—	—	—	—	4		
Sabin (Oral)	1,580	6,990	825	391	2,072	283	12,141	3	310	665	151	8,496		
Measles	8	2,212	1,656	1,287	6,801	2,077	14,041	—	—	—	—	376		
TOTALS	2,006	5,494	483	235	1,793	295	10,306	4	1,273	3,036	425	8,862		
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	549		
Whooping Cough	1,978	5,382	452	206	295	37	8,350	3	1,195	2,853	350	2,563		
Tetanus	2,008	5,505	500	249	1,880	953	11,095	4	1,278	3,053	436	8,876		
Poliomyelitis	1,580	6,993	828	393	2,082	284	12,160	3	310	665	151	8,496		

TABLE 9.

ADMINISTRATIVE COUNTY OF DURHAM.

AMBULANCE SERVICE—STATISTICS, 1948-68.

Year	OUT-PATIENTS ONLY			GENERAL SERVICE [†]			EMERGENCY SERVICE			TOTAL GENERAL AND EMERGENCY CASES			
	No. of Journeys	Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total	Stretcher cases	Sitting cases	Total	Total Mileage	Ambulances	Men
*1948	22,989	3,280	17,846	21,126	15,259	23,762	39,021	1,277	—	1,277	16,536	23,762	40,298
1949	61,906	7,395	63,463	70,858	29,609	84,995	114,604	2,321	1,428	3,749	31,930	86,423	118,353
1950	79,896	10,635	89,624	100,259	34,032	120,982	155,014	2,269	2,008	4,277	36,301	122,990	159,291
†1951	86,429	13,697	128,320	142,017	34,833	163,807	198,640	5,737	5,635	11,372	40,570	169,442	210,012
†1952	90,243	19,587	199,937	219,524	35,954	239,672	275,626	11,044	6,778	17,822	46,998	246,450	293,448
1953	92,329	18,527	197,915	216,442	34,374	240,721	275,095	12,322	7,373	19,695	46,696	248,094	294,790
1954	93,135	19,267	196,621	215,888	35,221	241,757	276,978	14,357	7,277	21,634	49,578	249,034	298,612
1955	90,796	18,220	208,783	227,003	33,559	254,652	288,211	15,424	7,553	22,977	48,983	262,205	311,188
1956	89,380	18,584	203,795	222,379	34,405	248,310	282,715	16,640	7,319	23,059	51,045	255,629	306,674
1957	91,504	17,691	203,104	220,795	34,781	249,720	284,501	18,071	7,480	25,551	52,852	257,200	310,052
1958	89,853	17,926	200,533	218,459	34,696	247,873	282,569	17,915	6,923	24,838	52,611	254,796	307,407
1959	86,380	15,996	199,211	215,207	31,788	244,302	276,090	18,657	6,596	25,253	50,445	250,898	301,343
1960	89,368	16,401	214,301	230,702	32,036	259,967	292,003	20,572	6,789	27,361	52,608	266,756	319,364
1961	88,588	17,296	232,206	249,502	32,311	276,423	308,734	21,890	6,395	28,285	54,201	282,818	337,019
1962	95,417	18,513	255,418	273,931	32,820	300,159	332,979	22,454	6,570	29,024	55,274	306,729	362,003
1963	95,865	18,808	273,080	291,888	32,984	319,428	352,412	24,168	6,789	30,957	57,152	326,217	383,369
1964	97,714	15,567	304,843	320,410	28,714	349,623	378,337	25,561	7,251	32,812	54,275	356,874	411,149
1965	96,072	13,165	297,131	310,296	26,029	340,653	366,682	25,530	7,814	33,344	51,559	348,467	400,026
1966	96,665	12,229	295,772	308,001	24,496	338,878	363,374	25,919	8,151	34,070	50,415	347,029	397,444
1967	96,695	13,390	303,062	316,452	24,916	343,866	368,782	25,361	8,420	33,781	50,277	352,286	402,563
1968	84,755	16,309	274,605	290,914	25,549	309,552	335,101	21,918	6,971	28,889	47,467	316,523	363,990

* Half year only.

† Part of the increase in the figures recording the patients carried is due to the revised method of annual costing laid down by the Ministry of Health in Circular 25/51, which became operative on 1st August, 1951.

‡ Includes figures shown under "OUT-PATIENTS ONLY".

TABLE 10

ADMINISTRATIVE COUNTY OF DURHAM, 1968.

TUBERCULOSIS—NEW CASES AND MORTALITY.

AGE PERIOD.	NEW CASES.							DEATHS.						
	Respiratory.			Non-Respiratory.			Total	Respiratory.			Non-Respiratory.			Total
	M.	F.	T.	M.	F.	T.		M.	F.	T.	M.	F.	T.	
0	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	3	5	8	—	1	1	9	—	—	—	—	—	—	—
5	8	6	14	—	—	—	14	—	—	—	—	—	—	—
15	8	19	27	—	5	5	32	—	—	—	—	—	—	—
25	10	13	23	—	3	3	26	—	—	—	—	—	—	—
35	24	16	40	1	3	4	44	2	—	2	—	—	—	2
45	28	14	42	5	1	6	48	4	3	7	2	—	2	9
55	41	5	46	—	3	3	49	5	1	6	3	—	3	9
65	19	4	23	2	—	2	25	5	—	5	3	—	3	8
75 and upwards ...	5	2	7	—	—	—	7	4	—	4	3	—	3	7
Age Unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	146	84	230	8	16	24	254	20	4	24	11	—	11	35

TABLE 11.

ADMINISTRATIVE COUNTY OF DURHAM, 1968.

Notifications of tuberculosis in each urban and rural district of the administrative county during the period 1st January, 1968 to 31st December, 1968.

District.	Primary Notifications of new cases of Tuberculosis.							
	Respiratory.				Non-respiratory.			
	Males.	Females.	Males.	Females.				
<i>Area No. 1.</i>								
Blaydon U.D.	7	3	1	1		
Ryton U.D.	1	2	—	—		
Whickham U.D.	2	3	—	—		
<i>Area No. 2.</i>								
Jarrow M.B.	7	3	—	4		
Felling U.D.	9	6	—	—		
Hebburn U.D.	5	2	—	1		
<i>Area No. 3.</i>								
Consett U.D.	8	6	—	—		
Stanley U.D.	1	3	1	1		
Lanchester R.D.	—	—	—	2		
<i>Area No. 4.</i>								
Chester-le-Street U.D.	3	2	1	—		
Chester-le-Street R.D.	10	2	—	—		
<i>Area No. 5.</i>								
Boldon U.D.	2	3	—	2		
Hetton U.D.	5	1	—	—		
Houghton-le-Spring U.D.	9	1	—	—		
Seaham U.D.	15	5	—	—		
Washington U.D.	3	3	—	1		
<i>Area No. 6.</i>								
Crook and Willington U.D.	2	1	—	—		
Tow Law U.D.	—	—	—	—		
Weardale R.D.	—	—	—	—		
<i>Area No. 7.</i>								
Durham M.B.	3	1	—	1		
Brandon and Byshottles U.D.	3	2	1	—		
Durham R.D.	3	4	1	—		
<i>Area No. 8.</i>								
Barnard Castle U.D.	1	1	—	—		
Barnard Castle R.D.	1	5	—	1		
<i>Area No. 9.</i>								
Bishop Auckland U.D.	20	16	1	—		
Shildon U.D.	2	—	—	—		
Spennymoor U.D.	2	—	—	—		
<i>Area No. 10.</i>								
Darlington R.D.	—	1	—	—		
Sedgefield R.D.	2	2	—	—		
Stockton R.D.	2	1	—	—		
Easington R.D.	18	5	2	2		
ADMINISTRATIVE COUNTY	146	84	8	16		

TABLE 12.

ADMINISTRATIVE COUNTY OF DURHAM, 1968.

DEATHS FROM RESPIRATORY TUBERCULOSIS.

District.	Under 1 year		1-4		5-14		15-24		25-34		35-44		45-54		55-64		65-74		75 and upwards		Total.						
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
<i>Area No. 1.</i>																											
Blaydon U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—			
Ryton U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Whickham U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
<i>Area No. 2.</i>																											
Jarrow M.B.	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—		
Felling U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—		
Hebburn U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—		
<i>Area No. 3.</i>																											
Consett U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—	—	—	3	—		
Stanley U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—		
Lanchester R.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
<i>Area No. 4.</i>																											
Chester-le-Street U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	—	—	—	—	—	1	—		
Chester-le-Street R.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—		
<i>Area No. 5.</i>																											
Boldon U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—		
Hetton U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—		
Houghton-le-Spring U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—		
Seaham U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—		
Washington U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
<i>Area No. 6.</i>																											
Crook and Willington U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Tow Law U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Weardale R.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—		
<i>Area No. 7.</i>																			1	—	—	—	—	—	1	—	
Durham M.B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—		
Brandon and Byshottles U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—		
<i>Area No. 8.</i>																			1	—	—	—	—	—	1	—	
Barnard Castle U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—		
Barnard Castle R.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
<i>Area No. 9.</i>																			1	—	—	—	—	—	—	1	—
Bishop Auckland U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	
Shildon U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Spennymoor U.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
<i>Area No. 10.</i>																			1	—	—	—	—	—	—	1	—
Darlington R.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	4	3	5	1	5	—	4	—	
Sedgefield R.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	
Stockton R.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Easington R.D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	
ADMINISTRATIVE COUNTY ...	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	4	3	5	1	5	—	4	—	20	4		

TABLE 13.
ADMINISTRATIVE COUNTY OF DURHAM.
DEATHS FROM NON-RESPIRATORY TUBERCULOSIS.

Area No.	District						Age Period	Sex	No. of deaths
3	Lanchester R.D.	...	...	...	...	...	75 & over	Male	1
4	Chester-le-Street R.D.	...	...	...	...	...	65 — 74	Male	1
5	Boldon U.D.	...	...	...	...	...	45 — 54	Male	1
							65 — 74	Male	1
5	Seaham U.D.	...	...	...	...	...	75 & Over	Male	1
6	Crook and Willington U.D.	...	...	...	...	...	55 — 64	Male	1
8	Barnard Castle R.D.	...	...	...	...	...	45 — 54	Male	1
9	Bishop Auckland U.D.	...	...	...	...	...	75 & Over	Male	1
9	Shildon U.D.	...	...	...	...	...	55 — 64	Male	1
10	Sedgefield R.D.	...	...	...	...	...	65 — 74	Male	1
—	Easington R.D.	...	...	...	...	...	55 — 64	Male	1

TABLE 14.
ADMINISTRATIVE COUNTY OF DURHAM.—New Cases and Deaths (with Death-rates and Attack-rates), 1939-1968.
TUBERCULOSIS.

Year.	RESPIRATORY.				NON-RESPIRATORY.				TOTAL			
	New Cases	Number of Deaths	*Death Rate	*Attack Rate	New Cases	Number of Deaths	*Death Rate	*Attack Rate	New Cases	Number of Deaths	*Death Rate	*Attack Rate
1939	705	509	0.58	0.80	520	121	0.14	0.59	1,225	630	0.72	1.39
1940	671	526	0.61	0.79	474	82	0.10	0.56	1,145	608	0.72	1.35
1941	770	542	0.65	0.92	481	106	0.13	0.57	1,251	648	0.77	1.49
1942	757	435	0.53	0.92	492	123	0.15	0.60	1,249	558	0.67	1.52
1943	836	514	0.63	1.03	530	90	0.11	0.65	1,366	604	0.74	1.68
1944	914	423	0.51	1.11	481	100	0.12	0.59	1,395	523	0.63	1.70
1945	913	458	0.55	1.10	514	104	0.13	0.62	1,427	562	0.68	1.72
1946	1,051	430	0.50	1.22	385	111	0.13	0.45	1,436	541	0.63	1.66
1947	1,008	516	0.59	1.16	338	96	0.11	0.39	1,346	612	0.70	1.55
1948	1,127	436	0.49	1.27	295	92	0.10	0.33	1,422	528	0.59	1.60
1949	1,067	428	0.47	1.18	273	74	0.08	0.30	1,340	502	0.56	1.48
1950	1,289	356	0.39	1.42	243	56	0.06	0.27	1,532	412	0.45	1.69
1951	1,179	321	0.36	1.31	212	48	0.05	0.24	1,391	369	0.41	1.55
1952	1,038	222	0.25	1.15	167	26	0.03	0.19	1,205	248	0.28	1.34
1953	917	221	0.24	1.01	144	24	0.03	0.16	1,061	245	0.27	1.17
1954	810	176	0.19	0.89	133	15	0.02	0.15	943	191	0.21	1.04
1955	707	162	0.18	0.77	115	22	0.02	0.13	822	184	0.20	0.90
1956	684	105	0.11	0.74	106	11	0.01	0.12	790	116	0.13	0.86
1957	632	125	0.13	0.68	107	11	0.01	0.12	739	136	0.15	0.80
1958	595	101	0.11	0.64	91	15	0.02	0.10	686	116	0.12	0.73
1959	480	94	0.10	0.51	77	8	0.01	0.08	557	102	0.11	0.59
1960	474	90	0.09	0.50	65	7	0.01	0.07	539	97	0.10	0.57
1961	418	74	0.08	0.44	74	3	0.003	0.08	492	77	0.08	0.52
1962	425	55	0.06	0.44	61	4	0.004	0.06	486	59	0.06	0.50
1963	352	54	0.06	0.36	58	5	0.005	0.06	410	59	0.06	0.42
1964	322	60	0.06	0.33	65	4	0.004	0.07	387	64	0.07	0.40
1965	257	68	0.07	0.26	49	6	0.006	0.05	306	74	0.08	0.31
1966	297	78	0.08	0.30	35	6	0.006	0.04	332	84	0.09	0.34
1967	286	53	0.06	0.30	27	6	0.006	0.03	313	59	0.06	0.34
1968	230	24	0.03	0.28	24	11	0.01	0.03	254	35	0.04	0.31

*Rates per 1,000 population.

TABLE 15.
ADMINISTRATIVE COUNTY OF DURHAM.
TUBERCULOSIS—New Cases and Deaths, 1939-1968.

Year.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
1939	410	295	266	254	292	217	67	54
1940	380	291	226	248	290	236	45	37
1941	388	382	241	240	299	243	55	51
1942	367	390	248	244	245	190	68	55
1943	438	398	240	290	296	218	64	26
1944	445	469	235	246	233	190	51	49
1945	527	386	249	265	255	203	48	56
1946	604	447	202	183	231	199	64	47
1947	534	474	166	172	253	263	58	38
1948	595	532	146	149	200	236	58	34
1949	552	515	127	146	240	188	39	35
1950	682	607	113	130	220	136	34	22
1951	654	525	102	110	195	126	26	22
1952	562	476	70	97	138	84	13	13
1953	502	415	66	78	129	92	14	10
1954	449	361	68	65	120	56	11	4
1955	376	331	54	61	108	54	9	13
1956	367	317	54	52	77	28	5	6
1957	368	264	42	65	96	29	7	4
1958	371	224	39	52	74	27	12	3
1959	289	191	32	45	74	20	7	1
1960	300	174	28	37	63	27	3	4
1961	257	161	37	37	57	17	2	1
1962	259	166	25	36	48	7	3	1
1963	222	130	27	31	44	10	4	1
1964	216	106	33	32	49	11	3	1
1965	158	99	19	30	56	12	4	2
1966	201	96	16	19	61	17	4	2
1967	189	97	10	17	40	13	4	2
1968	146	84	8	16	20	4	11	—

TABLE 16.
ADMINISTRATIVE COUNTY OF DURHAM, 1968.
Numbers of Venereal Diseases patients treated for the first time.

	Treatment Centres.								Total.
	Stockton and Thor'by Hosp.	Newcastle General Hosp.	South Shields Clinic.	Royal Infir. Sunderland.	St. Hilda's Hospital Hartlepool.	Memorial Hospital Darlington.	General Hospital Middlesbrough.		
Syphilis	—	10	2	3	—	—	—	—	15
Gonorrhoea	3	77	17	72	4	13	5	191	
Other Conditions	10	385	79	307	13	66	10	870	
Totals	13	472	98	382	17	79	15	1076	

TABLE 17.

ADMINISTRATIVE COUNTY OF DURHAM, 1968—Deaths from cancer showing the organs affected, sex and age periods.

Based on local tabulations extracted from Monthly Returns submitted by District Registrars.

District.	Deaths at subjoined ages.						Buccal Cavity and Pharynx		Digestive Organs and Peritoneum		Respiratory System		Uterus		Other Female Genital Organs		Breast		Male Genital Organs		Urinary Organs		Skin (Scrotum excepted)		Brain and other parts of the Nervous System		Other or Unspecified Organs		TOTALS			
	0-25	25-45	45-65	65-75	75 & Up	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
REA No. 1.																																
Blaydon U.D.	—	5	27	21	12	1	—	12	7	16	2	2	3	4	—	—	5	4	2	2	2	1	1	—	—	4	5	40	25			
Ryton U.D. ...	1	2	11	11	4	—	—	7	6	4	—	—	—	—	—	—	4	2	2	1	1	—	—	1	2	17	12					
Whickham U.D. ...	1	2	27	22	10	1	—	17	10	11	2	2	2	2	—	—	4	2	2	1	1	1	—	—	3	2	39	23				
REA No. 2.																																
Jarrow M.B. ...	—	5	33	32	18	3	1	11	8	31	4	2	4	—	—	8	3	2	2	—	—	—	—	—	—	4	4	51	37			
Felling U.D. ...	1	5	25	25	10	2	1	11	10	25	10	1	2	3	—	—	5	1	—	2	—	—	—	—	—	4	5	44	22			
Hebburn U.D. ...	—	5	13	16	9	1	—	11	4	10	—	—	—	5	—	—	1	1	—	—	—	—	—	—	2	1	26	17				
REA No. 3.																																
Consett U.D.	2	2	34	30	26	—	—	19	22	27	2	2	1	—	—	9	1	3	1	—	—	—	—	—	—	4	2	55	39			
Stanley U.D. ...	1	5	39	31	29	1	—	30	17	14	2	7	—	—	—	9	3	7	—	—	—	—	—	—	3	10	58	47				
Lanchester R.D. ...	—	4	13	12	12	—	—	10	8	7	2	—	3	1	3	—	1	—	—	—	—	—	—	—	1	1	23	18				
REA No. 4.																																
Chester-le-Street U.D.	1	3	11	22	12	1	—	16	15	3	1	2	—	—	1	—	—	—	—	—	—	—	—	—	2	5	22	27				
Chester-le-Street R.D. ...	1	4	40	18	29	1	—	13	25	20	3	3	2	—	8	—	1	—	—	—	2	2	—	—	5	7	42	50				
REA No. 5.																																
Boldon U.D.	—	2	27	16	14	—	—	11	9	14	7	2	3	—	—	3	1	3	1	—	—	—	—	—	2	1	32	27				
Hetton U.D.	—	1	15	11	13	1	—	13	11	8	—	1	—	—	—	4	2	—	—	—	—	—	—	—	2	2	22	18				
Houghton-le-Spring U.D. ...	3	3	27	14	20	1	—	13	13	15	5	4	3	—	—	3	4	1	—	—	—	—	—	—	1	2	36	31				
Seaham U.D. ...	—	1	14	14	11	—	—	8	8	11	—	2	1	—	—	6	1	—	—	—	—	—	—	—	1	1	21	19				
Washington U.D. ...	—	—	13	16	13	—	—	14	8	6	2	1	—	—	2	2	4	—	—	—	—	—	—	—	1	2	27	15				
REA No. 6.																																
Crook & Willington U.D. ...	—	4	20	22	15	—	1	14	7	15	2	3	2	—	—	6	2	—	1	—	—	—	—	—	5	2	37	24				
Tow Law U.D. ...	—	1	2	4	1	—	—	2	2	1	—	—	1	—	—	4	3	—	2	1	—	—	—	—	—	1	11	5	3			
Weardale R.D. ...	—	—	4	8	7	—	—	3	1	5	—	—	1	—	—	4	3	—	1	—	—	—	—	—	—	—	1	11	8			
REA No. 7.																																
Durham M.B.	2	2	13	11	13	2	—	6	15	7	2	1	2	—	—	1	—	—	—	—	—	—	—	—	2	3	17	24				
Brandon & Byshottles U.D. ...	—	2	11	12	12	—	—	5	7	9	—	2	2	—	—	3	1	2	2	1	—	—	—	—	3	1	21	16				
Durham R.D. ...	3	3	34	32	19	—	1	28	16	18	2	4	2	1	4	2	2	1	—	—	—	—	—	1	2	6	1	58	33			
REA No. 8.																																
Barnard Castle U.D.	—	—	5	4	6	1	—	4	6	1	3	—	—	—	1	3	1	1	1	—	—	—	—	—	1	2	5	12	3	19		
Barnard Castle R.D. ...	2	2	13	13	9	—	—	6	6	6	2	—	—	1	—	3	1	4	1	—	—	—	—	—	1	2	20	13				
REA No. 9.																																
Bishop Auckland U.D.	1	10	19	23	22	—	2	17	22	11	3	3	—	—	—	5	5	—	—	1	1	1	—	—	2	3	20	17				
Shildon U.D. ...	—	2	11	15	9	—	—	13	16	11	2	2	1	4	—	1	1	1	1	—	—	—	—	—	2	3	13	13				
Spennymoor U.D. ...	2	—	21	10	5	—	1	6	12	3	—	—	4	—	—	2	1	—	3	—	—	—	—	1	2	14	9					
REA No. 10.																																
Darlington R.D.	3	1	22	15	7	1	—	12	3	11	4	—	4	—	—	4	2	—	1	—	2	1	2	1	31	17						
Sedgefield R.D. ...	1	1	24	20	18	1	—	13	16	11	2	2	1	—	—	5	2	—	1	—	2	1	4	3	33	31						
Stockton R.D. ...	—	—	7	8	8	—	—	4	2	5	2	1	—	—	—	2	1	—	2	—	—	—	—	2	2	14	9					
Easington R.D. ...	5	8	57	81	41	1	2	45	29	34	7	7	3	—	13	6	7	2	—	5	1	1	11	18	105	87						
ADMINISTRATIVE COUNTY	30	85	632	589	434	19	9	381	332	369	61	58	55	3	128	56	51	18	5	9	17	17	87	95	988	782						

TABLE 18.
CERVICAL CYTOLOGY—1968.

		No. of sessions during year	No. of smears taken	No. of repeat smears	No. of positive cases	No. of smears taken from persons resident outside admin. county
Birtley	...	5	118	35	1	—
Blaydon	...	1	22	—	—	—
Chester-le-Street	...	5	130	89	—	2
Consett	...	6	193	21	3	—
Crook	...	1	27	—	—	—
Durham, Student Health Centre	...	5	135	3	1	—
Hebburn	...	9	243	31	2	7
Houghton-le-Spring	...	7	200	3	1	1
Newton Aycliffe...	...	11	298	5	—	3
Seaham	...	1	30	—	—	—
Stanhope...	...	2	38	—	—	—
Washington	...	5	116	16	3	—
Easington R.D.	...	26	409	83	1	8

TABLE 19.

MENTAL HEALTH SERVICE—HOSPITAL ADMISSIONS, 1968.

HOSPITAL		SECTION 25 (Observation)	SECTION 26 (Treatment)	SECTION 29 (Emergency)	SECTION 39 (Leave Revoked)	SECTION 40 (Absence without leave)	SECTION 60 (Court cases)	SECTION 65 (Court case with restriction)	INFORMAL	TEMPORARY (Cr. 5/52)	
MENTALLY ILL	Cherry Knowle, Ryhope ...	11	—	10	1	2	1	—	31	—	
	St. Georges, Morpeth ...	—	—	—	—	—	—	—	1	—	
	South Shields General ...	3	—	2	—	—	—	—	15	—	
	St. Mary's, Stannington ...	2	2	23	—	1	—	—	126	—	
	St. Nicholas, Gosforth	33	—	34	—	—	2	—	212	—	
	St. Hilda's, Hartlepool ...	—	—	3	—	—	—	—	—	—	
	Winterton, Sedgefield ...	74	11	225	—	2	—	—	243	—	
	St. Luke's, Middlesbro ...	1	—	—	—	—	—	—	—	—	
	Rampton Hospital, Notts. ...	—	—	—	—	—	1	1	—	—	
	North Tees ...	2	—	1	—	—	—	—	1	—	
	Hartlepool General ...	—	—	1	—	—	—	—	—	—	
	Newcastle General ...	—	—	—	—	—	—	—	1	—	
	Chester-le-Street General ...	—	—	—	—	—	—	—	4	—	
	Darlington Memorial	—	—	1	—	—	—	—	—	3	—
	TOTALS ...	126	13	300	1	5	4	1	637	—	
MENTALLY SUB- NORMAL	Aycliffe ...	—	1	—	—	2	3	—	4	6	
	Prudhoe and Monkton ...	—	—	—	—	—	4	—	6	133	
	Northgate, Morpeth ...	—	—	—	—	—	1	—	—	—	
	TOTALS ...	—	—	1	—	—	2	8	—	10	139

TABLE 20.

ADMINISTRATIVE COUNTY OF DURHAM, 1968.

Numbers of all cases of infectious and other notifiable diseases originally notified, and of the final numbers according to sex and age after corrections subsequently made either by notifying medical practitioners or medical superintendents of hospitals.

Numbers originally notified	Scarlet fever		Whooping cough		Acute poliomyelitis				Measles (excluding rubella)		Diphtheria		Dysentery	
					Paralytic		Non-paralytic							
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Total (All Ages) ...	108	120	104	105	—	—	—	—	3,452	3,408	—	—	281	374
Final numbers after correction														
Under 1 year ...	1	—	15	10	—	—	—	—	170	172	—	—	11	12
1— " ...	3	5	8	8	—	—	—	—	450	455	—	—	15	15
2— " ...	1	8	12	16	—	—	—	—	579	561	—	—	16	24
3— " ...	13	12	20	19	—	—	—	—	562	562	—	—	18	18
4— " ...	10	16	9	13	—	—	—	—	514	508	—	—	13	20
5—9 " ...	59	57	34	36	—	—	—	—	1,098	1,062	—	—	107	106
10—14 " ...	15	13	6	2	—	—	—	—	57	41	—	—	27	31
15—24 " ...	5	6	—	—	—	—	—	—	10	24	—	—	15	28
25 and over ...	1	3	—	1	—	—	—	—	6	10	—	—	53	103
Age unknown ...	—	1	—	—	—	—	—	—	5	13	—	—	—	5
Total (All Ages) ...	108	121	104	105	—	—	—	—	3,451	3,408	—	—	275	362
<hr/>														
Numbers originally notified	Smallpox		Acute encephalitis				Enteric or Typhoid fever		Paratyphoid fevers		Food poisoning			
			Infective		Post-infectious				M		M			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Total (All Ages) ...	—	—	2	—	—	—	—	—	—	1	58	65		
Final numbers after correction														
Under 5 years ...	—	—	1	—	—	—	—	—	—	—	8	2		
5—14 " ...	—	—	1	—	—	—	—	—	—	—	5	3		
15—44 " ...	—	—	—	—	—	—	—	—	—	—	5	10		
45—64 " ...	—	—	—	—	—	—	—	—	—	1	6	6		
65 and over ...	—	—	—	—	—	—	—	—	—	—	—	—		
Age unknown ...	—	—	—	—	—	—	—	—	—	—	—	1		
Total (All Ages) ...	—	—	2	—	—	—	—	—	—	1	24	22		
<hr/>														
Numbers originally notified	Tuberculosis						Total of New Cases coming to the Knowledge of Medical Officers of Health otherwise than by Formal Notification.				Other notifiable diseases			
	Respiratory		Meninges & C.N.S.*		Other						Original		Final	
	M	F	M	F	M	F	M		F	M	M	F	M	F
Total (All Ages) ...	147	84	1	—	7	16	1		1					
Final numbers after correction														
Under 5 years ...	3	5	—	—	—	1	—							
5—14 " ...	8	6	—	—	—	—	—							
15—44 " ...	42	48	—	—	1	11	—							
45—64 " ...	69	19	1	—	4	4	—							
65 and over ...	24	6	—	—	2	—	—							
Age unknown ...	—	—	—	—	—	—	—							
Total (All Ages) ...	146	84	1	—	7	16								

* Central nervous system.

TABLE 21.

ADMINISTRATIVE COUNTY OF DURHAM, 1968.—Corrected Number of Infectious Diseases notified in each sanitary district.

TABLE 22.

ADMINISTRATIVE COUNTY OF DURHAM, 1968—Notifiable Diseases. Corrected number of Cases and Deaths.

Diseases.													Cases.	Deaths.
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	229	—
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	209	—
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	—	—
Measles	...	...	...	...	...	...	...	...	...	...	...	...	6,859	—
Acute Poliomyelitis—														
Paralytic	...	...	...	...	...	...	...	...	...	...	...	...	—	—
Non-Paralytic	...	...	...	...	...	...	...	...	...	...	...	...	—	—
Ophthalmia Neonatorum	...	...	...	...	...	...	...	...	...	...	...	...	2	—
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	—	—
Para-Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	...	1	—
Enteric or Typhoid Fever	...	...	...	...	...	...	...	...	...	...	...	...	—	—
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	—	—

TABLE 23.

ADMINISTRATIVE COUNTY OF DURHAM, 1968.

Results of examination of samples of raw, pasteurised and sterilised milk collected by officers of the County Health Department.

	No. of samples taken	Methylene Blue Test.			Phosphatase Test			Biological Test for Tuberculosis, etc.			Turbidity Test			Colony Count		
		Passed	Failed	Inconclusive	Passed	Failed	% Failed	No. of samples taken	Negative	Positive	Inconclusive	Passed	Failed	% Failed	Satisfactory	Unsatisfactory
<i>Pasteurised Milk</i>																
(a) Dairies ...	169	168	—	1	—	169	—	—	—	—	—	—	—	—	—	—
(b) Schools ...	224	206	8	10	—	224	—	—	—	—	—	—	—	—	—	—
(c) Hospitals ...	58	55	3	—	—	58	—	—	—	—	—	—	—	—	—	—
(d) Dealers ...	1,965	1,818	59	88	3.0	1,963	2	0.10	—	—	—	—	—	—	—	—
	2,416	2,247	70	99	2.89	2,414	2	0.08	—	—	—	—	—	—	—	—
<i>Untreated Milk</i>																
(a) Farms ...	864	757	63	44	7.29	—	—	—	327	305	7	15	2.08	—	—	—
(b) Dealers ...	287	206	50	31	17.4	—	—	—	—	—	—	—	—	—	—	—
	1,151	963	113	75	9.81	—	—	—	327	305	7	15	2.08	—	—	—
<i>Sterilised Milk</i>																
(a) Dairies ...	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
(b) Dealers ...	710	—	—	—	—	—	—	—	—	—	—	—	710	—	—	—
	711	—	—	—	—	—	—	—	—	—	—	—	711	—	—	—
<i>Ultra-Heat Treated</i>																
	7	—	—	—	—	—	—	—	—	—	—	—	—	—	7	—
TOTALS	... 4,285	3,210	183	174	4.2	2,414	2	0.08	327	305	7	15	2.08	711	—	7

TABLE 24.

HOUSING.

Statement as to the position of Housing in the Administrative County of Durham on the 31st December, 1968
(Figures supplied by District Councils).

Districts.	Houses Erected during 1968 by			Total No. of Inhabited Houses in District.
	Local Authority	Any Other Housing Authority.	Private Persons.	
<i>Area No. 1.</i>				
Blaydon U.D.	218	—	107	10,983
Ryton U.D.	15	—	26	5,324
Whickham U.D.	68	—	110	9,779
<i>Area No. 2.</i>				
Jarrow M.B.	193	—	137	9,582
Felling U.D.	448	—	120	12,815
Hebburn U.D.	348	—	2	8,360
<i>Area No. 3.</i>				
Consett U.D.	66	—	19	12,265
Stanley U.D.	171	—	63	14,896
Lanchester R.D.	—	—	57	4,793
<i>Area No. 4.</i>				
Chester-le-Street U.D.	16	—	161	7,376
Chester-le-Street R.D.	43	—	329	15,717
<i>Area No. 5.</i>				
Boldon U.D.	176	—	96	7,999
Hetton U.D.	59	—	93	5,766
Houghton-le-Spring U.D.	159	—	336	10,895
Seaham U.D.	33	—	5	8,056
Washington U.D.	395	148	10	7,178
<i>Area No. 6.</i>				
Crook and Willington U.D.	76	—	37	8,274
Tow Law U.D.	—	—	—	920
Weardale R.D.	—	—	6	3,261
<i>Area No. 7.</i>				
Durham M.B.	44	20	218	7,126
Brandon and Byshottles U.D.	34	—	7	6,345
Durham R.D.	80	—	349	13,044
<i>Area No. 8.</i>				
Barnard Castle U.D.	—	—	—	—
Barnard Castle R.D.	22	—	91	1,786
				6,160
<i>Area No. 9.</i>				
Bishop Auckland U.D.	201	4	64	11,579
Shildon U.D.	52	—	14	4,792
Spennymoor U.D.	118	—	58	6,081
<i>Area No. 10.</i>				
Darlington R.D.	12	366	155	9,476
Sedgefield R.D.	140	—	63	11,721
Stockton R.D.	22	—	323	5,392
Easington R.D.	105	463	121	28,683
Total	3,314	1,001	3,117	276,424

TABLE 25.

CLOSET ACCOMMODATION.

The following table gives the number and type of convenience in each sanitary district of the county at the end of 1968. In addition information is given in the table as to the conversions of ashpit privies and ash-closets into water-closets during the year.

DISTRICTS.	Total number in District			Ashpit Privies converted into Water-Closets.	Ash Closets converted into Water-Closets
	Water-Closets	Ash-Closets	Ashpit Privies		
AREA No. 1.					
Blaydon U.D.	13,915	6	—	—	—
Ryton U.D.	5,493	4	12	—	—
Whickham U.D.	10,455	—	15	—	—
AREA No. 2.					
Jarrow M.B.	12,085	—	—	—	—
Felling U.D.	13,821	3	—	—	—
Hebburn U.D.	9,202	—	—	—	—
AREA No. 3.					
Consett U.D.	14,189	18	1	—	—
Stanley U.D.	16,424	24	—	1	—
Lanchester R.D.	5,074	53	45	—	4
AREA No. 4.					
Chester-le-Street U.D.	8,988	2	—	—	—
Chester-le-Street R.D.	15,811	20	—	—	—
AREA No. 5.					
Boldon U.D.	9,049	14	—	—	—
Hetton U.D.	5,890	—	—	—	—
Houghton-le-Spring U.D.	10,995	—	13	—	—
Seaham U.D.	9,799	—	—	1	—
Washington U.D.	8,437	—	—	—	—
AREA No. 6.					
Crook & Willington U.D.	9,295	125	—	—	20
Tow Law U.D.	839	150	—	—	9
Weardale R.D.	2,947	297	13	9	25
AREA No. 7.					
Durham M.B.	8,884	14	5	—	—
Brandon and Byshottles U.D.	6,711	188	—	—	11
Durham R.D.	18,840	57	—	—	—
AREA No. 8.					
Barnard Castle U.D.	2,461	3	1	—	—
Barnard Castle R.D.	5,735	492	—	46	—
AREA No. 9.					
Bishop Auckland U.D.	13,221	333	—	—	1
Shildon U.D.	5,183	—	55	3	—
Spennymoor U.D.	7,584	68	—	—	—
AREA No. 10.					
Darlington R.D.	9,325	151	—	12	—
Sedgefield R.D.	14,267	65	—	—	—
Stockton R.D.	5,572	19	—	—	—
Easington R.D.	30,418	1	—	—	1

PART III

STATISTICAL TABLES

B. SCHOOL HEALTH SERVICE

MINISTRY OF EDUCATION TABLES RELATING TO THE INSPECTION AND TREATMENT OF PUPILS IN THE ADMINISTRATIVE COUNTY AREA EXCLUDING THE EXCEPTED DIVISION OF EASINGTON.

Number of Pupils on registers of maintained and assisted nursery, primary, secondary and special schools in January, 1969 126,654

TABLE 26

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

Periodic Medical Inspections.

Age Groups Inspected (by year of birth).	Number of Pupils Inspected.	Physical Condition of Pupils Inspected.	
		Satisfactory.	Unsatisfactory.
		No.	No.
1964 and later	587	581	6
1963	3,545	3,527	18
1962	6,046	6,003	43
1961	2,171	2,156	15
1960	729	720	9
1959	484	479	5
1958	2,075	2,063	12
1957	4,018	3,998	20
1956	3,161	3,146	15
1955	1,335	1,329	6
1954	2,077	2,066	11
1953 and earlier	5,590	5,572	18
Total	31,818	31,640	178

Other Inspections.

Notes :— A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	...	...	...	...	...	...	...	905
Number of Re-inspections	...	...	...	...	...	...	...	8,330
Total	...	...	...	...	...	...	...	9,235

Infestation with Vermin.

Notes :—All cases of infestation, however slight, are included.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	...	...	...	...	...	...	60,314
(b) Total number of individual pupils found to be infested	...	...	...	...	...	...	...	...	...	...	2,277
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	...	...	...	...	...	...	...	...	...	...	2,277
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	...	...	...	...	...	...	...	...	...	...	—

TABLE 27

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR.

Note : (T) Number of pupils found to need treatment.
 (O) Number of pupils found to need observation.

Defect or Disease.	Periodic Inspections.								Special Inspections.	
	Entrants.		Leavers.		Others.		Total.			
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	335	193	358	102	334	152	1,027	447	43	43
Eyes—	...	...	...	...	...	...	...	...	...	...
(a) Vision	911	793	1,263	406	1,868	789	4,042	1,988	339	332
(b) Squint	357	119	87	36	202	87	646	242	67	60
(c) Other	61	24	39	20	61	43	161	87	8	15
Ears—	...	...	...	...	...	...	...	...	...	...
(a) Hearing	312	431	35	46	128	170	475	647	70	94
(b) Otitis Media	104	238	20	27	48	79	172	344	5	15
(c) Other	27	33	11	9	13	25	51	67	3	4
Nose and Throat	...	401	1,021	171	123	279	483	851	1,627	33
Speech	...	126	277	10	20	28	60	164	357	17
Lymphatic Glands	...	21	278	1	13	2	69	24	360	1
Heart	...	47	218	16	45	22	131	85	394	11
Lungs	...	169	342	82	68	117	215	368	625	23
Developmental—	...	...	...	...	...	...	...	...	...	...
(a) Hernia	48	34	8	5	34	8	90	47	4	4
(b) Other	42	236	12	21	53	158	107	415	10	55
Orthopaedic—	...	...	...	...	...	...	...	...	...	...
(a) Posture	12	32	3	30	5	56	20	118	1	6
(b) Feet	73	153	42	102	60	182	175	437	7	36
(c) Other	67	142	35	70	52	117	154	329	15	37
Nervous System—	...	...	...	...	...	...	...	...	...	...
(a) Epilepsy	24	13	7	4	19	12	50	29	11	4
(b) Other	24	101	9	23	47	65	80	189	8	20
Psychological—	...	...	...	...	...	...	...	...	...	...
(a) Development	76	185	1	28	48	88	125	301	27	103
(b) Stability	24	218	10	55	43	87	77	360	12	33
Abdomen	...	31	53	16	11	39	55	86	119	11
Other	...	55	106	72	62	105	146	232	314	4
										19

TABLE 28

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS).

NOTES :—This part of the return gives the total numbers of :—

- (i) cases treated or under treatment during the year by members of the Authority's own staff ;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board ; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

Eye Diseases, Defective Vision and Squint.

					Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	...	...	...	...	265
Errors of refraction (including squint)	...	...	...	...	14,019
				Total	14,284
Number of pupils for whom spectacles were prescribed	...	...	...	...	10,294

Diseases and Defects of Ear, Nose and Throat.

					Number of cases known to have been dealt with
Received operative treatment :—					
(a) for diseases of the ear	...	...	...	...	74
(b) for adenoids and chronic tonsillitis	...	...	...	...	1,056
(c) for other nose and throat conditions	...	...	...	...	40
Received other forms of treatment	...	...	...	...	158
				Total	1,328
Total number of pupils in schools who are known to have been provided with hearing aids :—					
(a) in 1968 (see note (i) below)	...	...	...	...	25
(b) in previous years (see note (ii) below)	...	...	...	...	165

(i) A pupil recorded under (a) above is not recorded at (b) in respect of the supply of a hearing aid in a previous year.

(ii) The number entered in (b) does not include children who have left school.

Orthopaedic and Postural Defects.

					Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	...	...	...	...	43
(b) Pupils treated at school for postural defects	...	...	...	...	—
				Total	43

Diseases of the Skin.
(excluding uncleanliness, for which see Table 26).

								Number of cases known to have been treated
Ringworm—(a) Scalp	...	...	...	...	...	...	...	—
(b) Body	...	...	...	...	...	...	...	—
Scabies ...	...	...	...	...	...	...	...	14
Impetigo ...	...	...	...	...	...	...	...	9
Other skin diseases ...	...	...	...	...	...	...	...	72
	Total							95

Child Guidance Treatment.

								Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics ...	...	...	...	...	...	...	...	364

Speech Therapy.

								Number of cases known to have been treated.
Pupils treated by speech therapists ...	...	...	...	...	...	...	...	760

Other Treatment given.

								Number of cases known to have been dealt with.
(a) Pupils with minor ailments	...	...	...	...	...	...	...	123
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	...	...	...	2
(c) Pupils who received B.C.G. vaccination	...	...	...	...	...	...	...	6,292
(d) Other than (a) (b) and (c) above								
Orthoptic	...	...	...	...	...	...	...	185
U.V.R.	...	...	...	...	...	...	...	71
	Total							6,673

TABLE 29.

HANDICAPPED PUPILS—DETAILS OF CLASSIFICATION AND PLACEMENT, 1968.

(a) *Blind Pupils.*

No. of children examined by Consultant Ophthalmologists during the year	...	...	...	2
No. of children examined by School Medical Officers during the year	...	...	...	1
School Medical Officers' recommendations :—				
(a) Special schools for blind pupils	...	...	...	1
(b) Education otherwise than at school	...	...	...	—
No. in special schools at end of year	...	...	...	29
No. receiving education otherwise than at school	...	...	...	—
No. requiring places in special schools	...	...	...	2

(b) *Partially Sighted Pupils.*

No. of children examined by Consultant Ophthalmologists during year...	...	...	...	4
No. of children examined by School Medical Officers during year	...	...	...	9
School Medical Officers' recommendations :—				
(a) Ordinary schools	...	...	...	4
(b) Special Schools for partially sighted	...	...	...	5
(c) Education otherwise than at school	...	...	...	—
(d) Re-examination	...	...	...	—
No. in special schools at end of year	...	...	...	9
No. receiving education otherwise than at school	...	...	...	—
No. requiring places in special schools	...	...	...	4

(c) *Deaf.*

No. of children examined during the year ...	...	...	...	...	...	...	7
School Medical Officers' recommendations :—							
(a) Special Schools for Deaf Children	...	...	...	...	...	...	7
(b) Home Tuition	...	...	...	...	...	...	—
No. in special schools at end of year	...	...	...	...	...	...	46
No. receiving education otherwise than at school	...	...	...	...	...	...	—
No. requiring places in special schools	...	...	...	...	...	...	1

(d) *Partially Hearing.*

No. of children examined by School Medical Officers during the year ...	...	...	...	...	...	...	9
School Medical Officers' recommendations :—							
(a) Ordinary schools	...	...	...	...	...	...	—
(b) Units for Partially Hearing Children	...	...	...	...	...	...	8
(c) Special Schools for Partially Hearing Pupils	...	...	...	...	...	...	1
(d) Special schools for other categories	...	...	...	...	...	...	—
No. in special schools at end of year	...	...	...	...	...	...	4
No. receiving education otherwise than at school	...	...	...	...	...	...	—
No. requiring places in special schools	...	...	...	...	...	...	—
No. in units for partially hearing	...	...	...	...	...	...	52
No. awaiting places in units ...	...	...	...	...	...	...	—

(e) *Physically Handicapped.*

No. of children examined during the year	...	...	...	...	...	...	...	...	49
No. of children re-examined during the year	...	...	...	...	...	...	...	...	201
School Medical Officers' recommendations :—									
(a) Ordinary schools	...	...	...	...	...	...	...	...	183
(b) Special schools for physically handicapped children	...	...	...	...	...	...	...	...	14
(c) Special schools for other categories	...	...	...	...	...	...	...	...	1
(d) Hospital special schools	...	...	...	...	...	...	...	...	—
(e) Education otherwise than at school	...	...	...	...	...	...	...	...	52
(f) Unsuitable for any school	...	...	...	...	...	...	...	...	—
(g) Re-examination	...	...	...	...	...	...	...	...	—
No. in special schools at end of year	...	...	...	...	...	...	...	...	72
No. receiving education otherwise than at school	...	...	...	...	...	...	...	...	107
No. requiring places in special schools	...	...	...	...	...	...	...	...	1

(f) *Delicate.*

No. of children examined during the year	...	...	...	...	...	...	...	...	28
No. of children re-examined during the year	...	...	...	...	...	...	...	...	15
School Medical Officers' recommendations :—									
(a) Ordinary schools	...	...	...	...	...	...	...	...	12
(b) Special schools for delicate children	...	...	...	...	...	...	...	...	26
(c) Education otherwise than at school	...	...	...	...	...	...	...	...	5
(d) Re-examination	...	...	...	...	...	...	...	...	—
(e) Special schools for other categories	...	...	...	...	...	...	...	...	—
No. in special schools at end of year	...	...	...	...	...	...	...	...	78
No. receiving education otherwise than at school	...	...	...	...	...	...	...	...	12
No. requiring places in special schools	...	...	...	...	...	...	...	...	12

(g) *Epileptic.*

No. of children examined during the year	...	...	...	...	...	...	...	...	3
No. of children re-examined during the year	...	...	...	...	...	...	...	...	2
School Medical Officers' recommendations :—									
(a) Ordinary school	...	...	...	...	...	...	...	...	2
(b) Special school for epileptics	...	...	...	...	...	...	...	...	2
(c) Special school for other categories	...	...	...	...	...	...	...	...	—
(d) Re-examination	...	...	...	...	...	...	...	...	—
(e) Home tuition	...	...	...	...	...	...	...	...	1
No. in special schools at end of year	...	...	...	...	...	...	...	...	6
No. receiving education otherwise than at school	...	...	...	...	...	...	...	...	1
No. requiring places in special schools	...	...	...	...	...	...	...	...	1

(h) *Educationally Sub-normal Children.*

No. of children examined during the year	267
--	-----	-----	-----	-----	-----	-----	-----	-----	-----

School Medical Officers' recommendations:—

(a) Ordinary schools	...	...	...	...	...	...	...	...	...	...	...	7
(b) Special education in ordinary schools	...	...	...	...	...	...	...	...	...	...	...	—
(c) Special schools for educationally subnormal pupils	...	...	...	...	...	...	...	...	...	...	...	164
(d) Special schools for other categories	...	...	...	...	...	...	...	...	...	...	...	—
(e) Education otherwise than at school	...	...	...	...	...	...	...	...	...	...	...	2
(f) Incapable of receiving education at school	...	...	...	...	...	...	...	...	...	...	...	51
(g) Supervision after leaving school	...	...	...	...	...	...	...	...	...	...	...	42
(h) Re-examination	...	...	...	...	...	...	...	...	...	...	...	1
No. in special schools at end of year	...	...	...	...	...	...	...	...	...	...	...	755
No. receiving special education in ordinary schools	...	...	...	...	...	...	...	...	...	...	...	4,000
No. receiving education otherwise than at school	...	...	...	...	...	...	...	...	...	...	...	3
No. requiring places in special schools	...	...	...	...	...	...	...	...	...	...	...	186

(i) *Maladjusted Children.*

No. of children who attended Child Guidance Centres during the year	...	...	...	...	...	...	...	...	...	...	...	364
No. in special schools at end of year	...	...	...	...	...	...	...	...	...	...	...	35
No. in residential hostel at end of year	...	...	...	...	...	...	...	...	...	...	...	12
No. requiring places in special schools	...	...	...	...	...	...	...	...	...	...	...	11
No. receiving education otherwise than at school	...	...	...	...	...	...	...	...	...	...	...	2

(j) *Speech Defective Children.*

No. of children receiving speech therapy in school clinics or in hospitals	...	...	...	...	...	...	...	...	...	...	...	760
No. in special schools at end of year	...	...	...	...	...	...	...	...	...	...	...	—
No. requiring places in special schools	...	...	...	...	...	...	...	...	...	...	...	—
No. receiving education otherwise than at school	...	...	...	...	...	...	...	...	...	...	...	1

TABLE 30

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY, 1968
(excluding Easington).(1) *Attendances and Treatment.*

First Visit	...	...	...	...	...	...	...	...	...	...	...	14,077
Subsequent Visits	...	...	...	...	...	...	...	...	...	...	...	26,018
Additional courses of treatment commenced	...	...	...	...	...	...	...	...	...	...	...	743
Fillings :—												
Permanent Teeth	...	...	...	...	...	...	...	...	...	...	...	24,639
Deciduous Teeth	...	...	...	...	...	...	...	...	...	...	...	10,728
Number of Teeth Filled :—												
Permanent Teeth	...	...	...	...	...	...	...	...	...	...	...	21,454
Deciduous Teeth	...	...	...	...	...	...	...	...	...	...	...	10,209
Extractions :—												
Permanent Teeth	...	...	...	...	...	...	...	...	...	...	...	3,577
Deciduous Teeth	...	...	...	...	...	...	...	...	...	...	...	13,475
Administration of General Anaesthetics												
Emergencies	...	...	...	...	...	...	...	...	...	...	...	967
Other Operations :—												
Number of Pupils X-rayed	...	...	...	...	...	...	...	...	...	...	...	689
Prophylaxis	...	...	...	...	...	...	...	...	...	...	...	2,987
Teeth otherwise conserved	...	...	...	...	...	...	...	...	...	...	...	1,885
Number of Teeth root filled	...	...	...	...	...	...	...	...	...	...	...	27
Inlays	...	...	...	...	...	...	...	...	...	...	...	—
Crowns	...	...	...	...	...	...	...	...	...	...	...	13
Courses of treatment completed	...	...	...	...	...	...	...	...	...	...	...	12,405

(2) *Orthodontic Work.*

Cases remaining from previous year	...	...	...	...	...	...	...	...	...	...	...	1,266
New Cases commenced during the year	...	...	...	...	...	...	...	...	...	...	...	231
Cases completed during year	...	...	...	...	...	...	...	...	...	...	...	157
Cases discontinued during year	...	...	...	...	...	...	...	...	...	...	...	28
No. of removable appliances fitted	...	...	...	...	...	...	...	...	...	...	...	303
No. of fixed appliances fitted	...	...	...	...	...	...	...	...	...	...	...	19
Pupils referred to Hospital Consultant	...	...	...	...	...	...	...	...	...	...	...	96

(3) *Prosthetic Work.*

Pupils supplied with Full Upper or Full Lower (First time)	...	...	...	...	...	...	...	...	...	...	...	1
Pupils supplied with other dentures (First time)	...	...	...	...	...	...	...	...	...	...	...	84
Number of Dentures supplied	...	...	...	...	...	...	...	...	...	...	...	92

(4) *Anaesthetics.*

General Anaesthetics administered by Dental Officers	23
--	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	----

(5) *Inspections.*

(a) First Inspection at school. Number of Pupils	...	...	...	...	...	...	21,369
(b) First Inspection at clinic. Number of Pupils	...	...	...	...	...	...	2,847
Number of (a) + (b) found to require treatment	...	...	...	...	...	...	15,132
Number of (a) + (b) offered treatment	...	...	...	...	...	...	14,609
(c) Pupils re-inspected at school or clinic	...	...	...	...	...	...	14,172
Number of (c) found to require treatment	...	...	...	...	...	...	9,554

(6) *Sessions.*

Sessions devoted to treatment	...	...	...	...	...	...	...	7,733.2
Sessions devoted to inspection	...	...	...	...	...	...	...	509.8
Sessions devoted to Dental Health Education	...	...	...	...	...	...	...	189

TABLE 31

SCHOOL CLINICS

(Services available 31st December, 1968).

Clinic.	Sessions.			Sessions.	
BARNARD CASTLE Council Offices, Galgate.	Medical Officer	...	Wed. (a.m.) 1st week in month	Audiometrist	...
Building used by School Health Service.					
BIRTLEY Hexham Villa.	Medical Officer	...	Wed. (a.m.)	Educational Psychologist.	By arrangement.
	Dental Officer	...	Daily.	Audiometrist	...
	Oculist	...	Alternate Fridays.		
Building used by Maternity and Child Welfare and School Health Service.					
BISHOP AUCKLAND. 23, Etherley Lane.	Medical Officer	...	Mon. (p.m.), Thurs. (a.m.)	Speech Therapist	Thurs.
	Dental Officer	...	Thurs.	Educational Psychologist.	By arrangement.
	Oculist	...	Tues., Fri. (a.m.)	Audiometrist	...
Building used by School Health Service.					
BLAYDON. Shibdon Road.	Medical Officer	...	Tues. (a.m.), Fri. (a.m.)	Speech Therapist	Tues. (a.m.).
	Dental Officer	...	Daily.	Educational Psychologist.	By arrangement.
	Oculist	...	Wed. (p.m.) (all except 1st in month)	Audiometrist	By arrangement.
Building used by Maternity and Child Welfare and School Health Service.					
CHESTER-LE- STREET Mains Farm House, West Lane.	Medical Officer	...	Fri. (a.m.)	Audiometrist	...
Building used by Maternity and Child Welfare and School Health Service.					
CONSETT. 192 Medomsley Road.	Medical Officer	...	Fri. (p.m.)	Speech Therapist	Wed. (a.m.), Fri. (p.m.).
	Dental Officer	...	Daily.	Educational Psychologist.	By arrangement.
	Oculist	...	Wed. (p.m.) (all except 1st in month).	Audiometrist	...
Building used by Maternity and Child Welfare and School Health Service.					
CROOK. Dawson Street.	Medical Officer	...	Wed. (a.m.)	Educational Psychologist.	By arrangement.
	Dental Officer	...	Mon. (a.m.), Tues. (a.m.), Thurs. (all day).	Audiometrist	...
Building used by School Health Service.					
DURHAM. Musgrave Gardens.	Medical Officer	...	Thurs.	Speech Therapist	Mon, Tues., Wed., Thurs. (p.m.).
	Dental Officer	...	No. 1 Surgery—Daily. No. 2 Surgery—Daily.	Audiometrist	...
				Oculist	...
Building used by Maternity and Child Welfare and School Health Service.					

Clinic.	Sessions.				Sessions.
	Medical Officer	...	Tues. (a.m.)	Speech Therapist	Thurs. (a.m.)
FELLING. Grassbanks, Lean Lane.	Dental Officer	...	Daily.	Educational Psychologist.	By arrangement.
	Oculist	...	Thurs. (a.m.)	Audiometristian	... By arrangement.
	Building used by Maternity and Child Welfare and School Health Service.				
HEBBURN. Argyle Street	Medical Officer	...	Mon. (a.m.)	Educational Psychologist.	By arrangement.
	Dental Officer	...	Daily.	Audiometristian	... By arrangement.
	Building used by Maternity and Child Welfare and School Health Service.				
HOUGHTON- LE-SPRING. Lambton House, Gasworks Lane.	Medical Officer	...	Tues.	Oculist	... ... Fri. (p.m.).
	Dental Officer	...	No. 1 Surgery—Daily. No. 2 Surgery—Daily.	Audiometristian	... By arrangement.
	Building used by Maternity and Child Welfare and School Health Service.				
JARROW. "Balgownie," Bede Burn Road.	Medical Officer	...	Fri. (a.m.)	Speech Therapist	Mon., Thurs. (p.m.).
	Dental Officer	...	Daily.	Educational Psychologist	... By arrangement.
	Oculist	...	Thurs.	Audiometristian	... By arrangement.
	Building used by School Health Service.				
NEWTON AYCLIFFE. Dalton Way.	Medical Officer	...	Wed. (a.m.)	Speech Therapist	Mon.
	Dental Officer	...	Mon., Tues., Wed., Fri.	Educational Psychologist.	By arrangement.
	Oculist	...	Alt. Fri. (a.m.)	Audiometristian	By arrangement.
	Building used by Maternity and Child Welfare and School Health Service.				
RYTON Grange Road.	Medical Officer	...	By arrangement.	Audiometristian	... By arrangement.
	Dental Officer	...	Mon., Tues. (a.m.), Wed. & Thurs.	Speech Therapist	Tues. (p.m.).
	Building used by Maternity and Child Welfare and School Health Service.				
SEAHAM HARBOUR St. John's Square.	Medical Officer	...	Mon. (a.m.)	Audiometristian	... By arrangement.
	Oculist	...	Thurs. (a.m.)	Educational Psychologist.	By arrangement.
	Dental Officer	...	Daily.		
	Building used by Maternity and Child Welfare and School Health Service.				
SHILDON Hallgarth House, Main Street.	Medical Officer	...	Fri. (a.m.)	Audiometristian	... By arrangement.
	Educational Psychologist.		By arrangement.		
	Building used by School Health Service.				
SPENNYMOOR. Cheapside.	Medical Officer	...	Mon. (a.m.), Thurs. (a.m.)	Audiometristian	By arrangement.
	Educational Psychologist.		By arrangement.		
	Building used by Maternity and Child Welfare and School Health Service.				

<i>Clinic</i>	<i>Sessions.</i>				<i>Sessions.</i>
SPENNYMOOR. Rock Road.	Dental Officer	...	Thurs.	Building used by School Health Service.	
STANLEY. High Street.	Medical Officer	...	Tues. (a.m.), Thurs. (a.m.)	Speech Therapist	Mon., Thurs.
	Dental Officer	...	Daily.	Educational Psychologist.	By arrangement.
	Oculist	...	Alt. Fridays.	Audiometrician	... By arrangement.
	Building used by Maternity and Child Welfare and School Health Service.				
WASHINGTON Victoria Road.	Medical Officer	...	Mon. (a.m.).	Speech Therapist	Tues., Fri. (p.m.).
	Dental Officer	...	Mon. (a.m.), Wed., Thurs., Fri.	Educational Psychologist.	By arrangement.
	Oculist	...	Fri. (p.m.)	Audiometrician	... By arrangement.
	Building used by Maternity and Child Welfare and School Health Service.				

MOBILE DENTAL VANS.

No. 1	Headquarters	... Wolsingham	...	...	Daily
No. 2	„	... Barnard Castle	...	...	Daily
No. 3	„	... Sedgefield	...	...	Thurs.
No. 4	„	... Boldon Colliery		...	Daily
No. 5	„	... Chester-le-Street		...	Tues. (p.m.), Wed., Thurs., Fri.
No. 6	„	... Brandon	...	...	Mon. (p.m.), Tues. (p.m.), Wed. (a.m.), Thurs.
No. 7	„	... Stillington	...	...	Tues., Friday.
No. 8	„	... Birtley	...	...	Daily

CHILD GUIDANCE.

(Services available 31st December, 1968).

<i>Place.</i>	<i>Sessions.</i>		<i>Sessions.</i>	
BISHOP AUCKLAND CLINIC. 23, Etherley Lane.	Educational Psychologist	By arrangement.	Psychiatrist	... Wed. (a.m.)
			Building used by School Health Service.	
DURHAM CHILD GUIDANCE CLINIC. Aykley Heads, Durham.	Educational Psychologist.	By arrangement	Psychiatrist	... Mon., Tues., Wed. (a.m.), Thur. (a.m.), and alternate Fridays (a.m.).
			Building used by School Health Service.	
JARROW CLINIC. Balgownie, Bede Burn Road.	Educational Psychologist.	By arrangement.	Psychiatrist	... Wed.
			Building used by School Health Service.	
SEAHAM CLINIC. St. John's Square.	Educational Psychologist.	By arrangement.		
			Building used by Maternity and Child Welfare and School Health Service.	

PART IV

**RURAL DISTRICT COUNCIL OF EASINGTON
EDUCATION COMMITTEE**

(Excepted District).

**ANNUAL REPORT of the
DISTRICT PRINCIPAL SCHOOL MEDICAL OFFICER**

J. W. A. RODGERS, M.B., B.Ch., D.P.H.

for the YEAR 1968.

STAFF OF THE SCHOOL HEALTH SERVICE.

DISTRICT PRINCIPAL SCHOOL MEDICAL OFFICER.

J. W. A. Rodgers, M.B., B.Ch., D.P.H.

2 SCHOOL MEDICAL OFFICERS.

AREA DENTAL OFFICER

Mrs. M. Thomson (Commenced 14.11.68).

2 SCHOOL DENTAL OFFICERS.

2 CONSULTANT OPHTHALMOLOGISTS. (Part-time)

SPEECH THERAPIST.

Mrs. J. M. Pye L.C.S.T.

The number of children in schools at January, 1969, was 15,691, divided as follows :—

			Number.	Children on Roll.
Nursery...	...	...	1	40
Primary	...	...	46	10,182
Secondary Modern	...	...	11	4,089
Grammar	...	...	2	1,271
Special (Day School for Educationally Sub-normal pupils)	...	...	1	109
			61	15,691

MEDICAL INSPECTIONS.

Routine medical inspection is still being carried out in three groups :—

- School Entrants
- Ten Plus Age Group
- Last year of compulsory education

Visits are also paid to Easington Junior Training Centre, Horden Day Special School and Wingate Nursery School.

The number of children inspected was 2,452 of which 26 were specials.

327 re-inspections were also carried out.

The percentage of children whose physical condition was found to be unsatisfactory was 0.33% compared with a figure of 0.49% in 1967.

Pupils found to require treatment at Periodic Medical Inspections (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected. (by year of birth).	For defective vision (excluding squint).	For any of the other conditions recorded in Part II.	Total Individual Pupils.
1964 and later ...	—	—	—
1963 ...	13	48	55
1962 ...	72	141	176
1961 ...	78	90	142
1960 ...	16	17	23
1959 ...	—	—	—
1958 ...	—	—	—
1957 ...	5	3	7
1956 ...	36	49	79
1955 ...	18	23	35
1954 ...	35	41	69
1953 and earlier ...	105	126	203
Total ...	378	538	789

DEFECTS FOUND AT MEDICAL INSPECTION DURING THE YEAR.

Defect or Disease.	Periodic Inspections.							
	Entrants.		Leavers.		Others.		Total.	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	32	9	40	1	9	2	81	12
Eyes—								
(a) Vision	179	119	140	36	59	34	378	189
(b) Squint	76	19	23	—	11	1	110	20
(c) Other	9	1	1	1	5	—	15	2
Ears—								
(a) Hearing	41	79	4	6	8	3	53	88
(b) Otitis Media	8	8	6	6	2	6	16	22
(c) Other	7	—	1	—	1	—	9	—
Nose and Throat	82	115	32	25	20	—	134	140
Speech	9	10	2	1	—	1	11	12
Lymphatic Glands ...	4	10	—	—	—	2	4	12
Heart	3	18	—	3	—	1	3	22
Lungs	20	34	10	4	4	9	34	47
Developmental—								
(a) Hernia	3	11	—	3	—	1	3	15
(b) Other	2	10	—	—	3	—	5	10
Orthopaedic—								
(a) Posture	—	1	—	1	—	—	—	2
(b) Feet	18	11	7	6	4	8	29	25
(c) Other	9	6	15	12	2	3	26	21
Nervous System—								
(a) Epilepsy	2	3	3	1	3	1	8	5
(b) Other	1	5	6	6	4	4	11	15
Psychological—								
(a) Development	4	6	5	1	3	2	12	9
(b) Stability	4	8	—	5	2	1	6	14
Abdomen	20	17	9	4	3	5	32	26
Other	12	13	15	2	5	—	32	15

(T) Number of pupils found to need treatment.

(O) Number of pupils found to need observation.

SPECIAL INSPECTIONS.

Defect or Disease.								SPECIAL INSPECTIONS.	
								Pupils requiring Treatment.	Pupils requiring Observation.
Skin	...	...	...	...	...	...	...	1	—
Eyes—									
(a) Vision	...	...	...	...	...	...	...	10	2
(b) Squint	...	...	...	...	...	...	...	2	—
(c) Other	...	...	...	...	...	...	...	—	—
Ears—									
(a) Hearing	...	...	...	...	...	...	...	—	—
(b) Otitis Media	...	...	...	...	...	...	...	—	—
(c) Other	...	...	...	...	...	...	...	—	—
Nose and Throat	...	...	...	...	...	...	...	2	2
Speech	...	...	...	...	...	...	...	—	3
Lymphatic Glands	...	...	...	...	...	...	...	—	2
Heart	...	...	...	...	...	...	...	—	1
Lungs	...	...	...	...	...	...	...	—	2
Developmental—									
(a) Hernia	...	...	...	...	...	...	...	—	—
(b) Other	...	...	...	...	...	...	...	—	—
Orthopaedic—									
(a) Posture	...	...	...	...	...	...	...	—	—
(b) Feet	...	...	...	...	...	...	...	—	—
(c) Other	...	...	...	...	...	...	...	—	—
Nervous System—									
(a) Epilepsy	...	...	...	...	...	...	...	—	1
(b) Other	...	...	...	...	...	...	...	—	1
Psychological—									
(a) Development	...	...	...	...	...	...	...	1	1
(b) Stability	...	...	...	...	...	...	...	—	—
Abdomen	...	...	...	...	...	...	...	—	—
Other	...	...	...	...	...	...	...	2	—

PERMANENT SCHOOL CLINICS

Clinic.	Sessions.	Sessions.
HORDEN. Blackhills Road.	Medical Officer ... Tuesday (a.m.) Building used by Maternity and Child Welfare and School Health Service.	Educational Psychologist. By arrangement.
MURTON. Woods Terrace.	Medical Officer ... Alt. Thursday (a.m.) Dental Officer ... Tues. & Wed. Speech Therapist Tuesday (a.m.) Building used by Maternity and Child Welfare and School Health Service.	Educational Psychologist. Audiometrician ... By arrangement.
PETERLEE. Fleming Place.	Medical Officer ... Friday. Dental Officer ... Child Guidance Clinic Wednesday (p.m.) Building used by Maternity and Child Welfare and School Health Service.	Speech Therapist Monday, Wednesday (a.m.), Thursday, Friday (p.m.) Educational Psychologist. Audiometrician ... By arrangement. Ophthalmologist ... Friday (a.m.).
WHEATLEY HILL. School House, Front Street.	Medical Officer ... Alt. Thursdays (p.m.) Building used by Maternity and Child Welfare and School Health Service.	Educational Psychologist. By arrangement.
WINGATE 'Oaklea', Fir Tree.	Medical Officer ... Alt. Monday (a.m.) Dental Officer ... Monday, Thursday and Friday. Ophthalmologist Wednesday (a.m.) Building used by Maternity and Child Welfare and School Health Service.	Speech Therapist Wednesday (p.m.) Educational Psychologist. Audiometrician ... By arrangement.

The clinics continue to be held at fixed times to allow Head Teachers, Educational Welfare Officers, etc. to refer children without previous appointment, when they require a medical examination.

However, most of the children seen at school clinics attend by appointment, e.g. persistent absentees, requests for change of school, behaviour problems, etc. Also, the majority of college entrants and adult staff examinations are carried out during the routine clinic times.

ANALYSIS OF CASES EXAMINED AT THE SCHOOL CLINICS DURING THE YEAR, 1968.

	Defect or Disease.								No. of Cases.	No. of Examinations.
1. Cleanliness	...	...	...	...	...	...	...	...	—	—
2. Infestation—										
Head	...	...	...	...	...	...	...	...	8	8
Body	...	...	...	...	...	...	...	...	—	—
3. Teeth	...	...	...	...	...	...	...	...	4	1
4. Skin—										
(a) Ringworm of Scalp	...	...	...	...	...	...	...	...	—	—
(b) Ringworm of Body	...	...	...	...	...	...	...	...	—	—
(c) Other	...	...	...	...	...	...	...	...	47	79
5. Eyes—										
(a) Vision	...	...	...	...	...	...	...	...	26	28
(b) Squint	...	...	...	...	...	...	...	...	4	4
(c) Other	...	...	...	...	...	...	...	...	4	8
6. Ears—										
(a) Hearing	...	...	...	...	...	...	...	...	444	838
(b) Otitis Media	{ R	...	...	...	...	...	...	...	2	2
(c) Other		...	...	...	...	...	...	...	—	—
7. Nose and Throat	...	...	...	...	...	...	...	...	14	36
8. Speech	...	...	...	...	...	...	...	...	6	6
9. Lymphatic Glands	...	...	...	...	...	...	...	...	—	—
10. Heart and Circulation	...	...	...	...	...	...	...	...	3	6
11. Lungs	...	...	...	...	...	...	...	...	12	26
12. Development—										
(a) Hernia	...	...	...	...	...	...	...	...	1	—
(b) Other	...	...	...	...	...	...	...	...	1	2
13. Orthopaedic—										
(a) Posture	...	...	...	...	...	...	...	...	3	2
(b) Feet	...	...	...	...	...	...	...	...	8	8
(c) Other	...	...	...	...	...	...	...	...	10	13
14. Nervous System—										
(a) Epilepsy	...	...	...	...	...	...	...	...	—	—
(b) Other	...	...	...	...	...	...	...	...	5	7
15. Psychological—										
(a) Development	...	...	...	...	...	...	...	...	2	4
(b) Stability	...	...	...	...	...	...	...	...	47	121
16. Abdomen	...	...	...	...	...	...	...	...	13	26
17. General Debility	...	...	...	...	...	...	...	...	50	92
18. Others	...	...	...	...	...	...	...	...	138	147
19. No appreciable Defect or Disease	...	...	...	...	...	...	...	...	1	1
Totals ...								864	1,478	

OTHER FACILITIES FOR MEDICAL TREATMENT.

Vision Testing.

Weekly sessions continue to be held at Peterlee and Wingate School Clinics. During the year 680 children were tested and spectacles were prescribed in 379 cases.

62 children who required orthoptic treatment were referred to Sunderland Eye Infirmary.

A number of children seen at school had their eyes tested on the Keystone Screener who were not being medically examined.

Audiometric Testing.

1,062 appointments for audiometric tests were arranged at school clinics during the year and the results were as follows:—

<i>Referred to G.P.</i>	<i>For further Observation.</i>	<i>Appointments not kept.</i>	<i>No further action.</i>
78	486	224	274

The audiometrist continued to visit Infant schools to carry out a sweep test of hearing and 28 schools were visited during the year. 2,263 pupils were tested and, of these, 274, i.e. 12.11%, failed testing. In addition, all children referred for speech therapy or for examination as possibly educationally sub-normal are also tested for possible hearing loss.

Hearing Aids.

All children with hearing aids who attend ordinary schools are seen at intervals by the School Medical Officers together with Mr. L. Smith, County Organiser for Deaf Education whose advice is appreciated in these matters. Reports on the pupils educational progress are also received from their Head Teachers. The children are then examined to ensure that each is receiving the maximum benefit from the hearing aid. In 1968, 15 children with hearing aids were attending ordinary schools in the district. In addition, pre-school children referred by the Chief Nursing Officer as having possible hearing defects, are also seen at these clinics.

Child Guidance Clinic.

Dr. E. Bruce, Assistant Psychiatrist, holds one session per week at Peterlee Clinic.

During the year, there were 162 attendances by 39 children.

Of these, 17 were carried forward from 1967 and 22 were new cases.

17 children were discharged from treatment during the year. Of these, 2 were for non-attendance.

1 child was recommended for an E.S.N. Day School.

2 children were recommended for Residential E.S.N. placement.

1 child was recommended to be placed in a foster home.

2 children were to continue in the care of the Children's Department.

1 child was recommended for boarding school.

1 child was recommended for Residential Maladjusted.

There is still a lengthy waiting list and many children have to wait several months for their first interview. As well as our own demands on the service, the courts also refer cases for our attention.

Speech Therapy.

The following table gives an analysis of the children seen.

						Boys.	Girls.	Total.
No. of children on register in December, 1967	...	...	...	...	...	44	13	57
No. of new cases admitted for treatment	...	...	...	...	...	88	65	153
No. of children discharged	...	...	...	...	...	28	13	41
No. of children transferred	...	...	...	...	...	2	3	5
No. of children on register in December, 1968						102	62	164

Other Examinations.

Physically and mentally handicapped children are ascertained either at the clinics or, where necessary, at home.

The following figures show the distribution of handicapped children in the various categories.

Blind	...	...	...	...	...	...	...	4	(1)
Partially sighted	...	...	...	...	...	...	...	11	(6)
Deaf	...	...	...	...	...	...	...	4	(—)
Partially hearing	...	...	...	...	...	...	...	9	(3)
Physically handicapped	...	...	...	...	...	...	...	20	(18)
Delicate...	...	...	...	...	...	...	...	8	(8)
Epileptic	...	...	...	...	...	...	...	—	(1)
Educationally sub-normal	...	...	...	...	...	...	...	181	(16)

The figures in brackets show the number of children examined or re-examined during the year. The above figures include pupils at ordinary schools. In all, 43 children are attending special schools (apart from E.S.N.).

(a) *Blind.*

One pupil was admitted to a Special School for the Blind and by the end of the year, four pupils were attending such schools.

Partially sighted.

During the year, three pupils were admitted to a Day School for the partially sighted and one pupil transferred from a Day School to a Boarding School making a total of eleven pupils in Special Schools at the end of the year.

(b) *Deaf and Partially Hearing.*

Four pupils were attending schools for the deaf and three pupils were admitted to a Partially Hearing Unit making a total of nine attending a Special Unit at the end of the year.

(c) *Physically Handicapped Pupils.*

During the year, two pupils were admitted to boarding schools for the physically handicapped but one of these was discharged before the end of the year making a total of five pupils in boarding schools at the end of the year. Four pupils were recommended to receive home tuition, three pupils received it, but one ceased, making a total of five at the end of the year. Four pupils were provided with special transport making a total of sixteen pupils receiving special transport to ordinary schools for varying periods during the year.

(d) *Delicate Pupils.*

During the year, three pupils were discharged from attending Special Schools for the delicate, making a total of four pupils attending Boarding Schools at the end of the year. One pupil was provided with special transport making a total of three receiving special transport and one pupil was receiving home tuition at the end of the year.

(e) *Epileptic Pupils.*

Six children were examined or re-examined during the year. All were found to be able to attend ordinary schools and special transport was provided in one case.

(f) *Educationally Sub-normal Pupils.*

18 children are attending Residential Schools for the Educationally Sub-normal and 97 are attending a Special Day School at Horden. Day placements are easier in the younger age group and places will be offered to all children ascertained. The older children are unlikely to be offered places. As the number of places in the County has increased, the older age groups at Horden were allowed to stay if they wished to avoid another change of school.

(g) *Maladjusted Pupils.*

At the end of the year six boys were attending schools for the maladjusted and two boys and two girls were awaiting placement.

The co-operation of the Education Department during the course of the year in dealing with the problems and placement of handicapped children has again been much appreciated.

Miscellaneous medical examinations (figures in brackets relate to 1967):—

For part-time employment while still attending school	...	...	...	...	5	(9)
College Entrants and Intending Teachers	...	...	...	...	111	(92)
Superannuation and Sick Pay Cases	...	...	...	...	129	(126)

Vaccination and Immunisation.

Heaf testing of school entrants and testing and B.C.G. vaccination of children in Secondary Modern Schools was again carried out by the Medical Officer of Health and his staff.

School Medical Officers carried out a measles immunisation scheme in May and June—a total of 493 vaccinations, 203 full courses of poliomyelitis and 353 poliomyelitis boosters were given. In a further offer of immunisation to school entrants, 614 booster doses and 152 primary immunisations of diphtheria and/or tetanus were given.

Dental Services.

The staffing situation improved during 1968. Mr. J. W. Coupe joined the staff as full-time School Dental Officer in April and Mrs. M. Thomson came as Area Dental Officer in November. All four dental surgeries are now in operation. Peterlee Surgeries 1 and 2 are working full-time and Wingate and Murton, part-time.

Attendances and Treatment.

		<i>Ages</i>	<i>Ages</i>	<i>Ages</i>		
		<i>5 to 9.</i>	<i>10 to 14.</i>	<i>15 and over.</i>	<i>Total.</i>	
First Visits	824	877	217	1,918
Subsequent visits	507	1,215	227	1,949
Total visits	1,331	2,092	444	3,867
Additional courses of treatment commenced	...	37	83	18	138	
Fillings in permanent teeth	632	1,833	535	3,000
Fillings in deciduous teeth	291	11	—	302
Permanent teeth filled...	493	1,555	501	2,549
Deciduous teeth filled	258	11	—	269
Permanent teeth extracted	83	378	79	540
Deciduous teeth extracted	1,021	421	—	1,442
General anaesthetics	507	352	47	906
Emergencies	17	24	1	42
Number of Pupils X-rayed	127
Prophylaxis	168
Teeth otherwise conserved	84
Number of teeth root filled	8
Inlays	2
Crowns	—
Courses of treatment completed	1,286

Orthodontics.

Cases remaining from previous year	...	...	...	...	...	...	...	79
New cases commenced during year	...	...	...	...	...	...	...	138
Cases completed during year ...	...	...	...	...	...	...	...	32
Cases discontinued during year	...	...	...	...	...	...	...	16
No. of removable appliances fitted	...	...	...	...	...	...	...	132
No. of fixed appliances fitted	...	...	...	...	...	...	...	—
Pupils referred to Hospital Consultant	...	...	...	...	...	...	...	44

Prosthetics.

		5 to 9.	10 to 14.	15 and over.	Total.
Pupils supplied with F.U. or F.L. (first time)	...	...	1	—	1
Pupils supplied with other dentures (first time)	...	1	19	6	26
Number of dentures supplied	...	1	21	7	29

Anaesthetics.

General Anaesthetics administered by Dental Officers	—
--	-----	-----	-----	-----	---

Inspections.

(a) First inspection at school. Number of Pupils	...	...	...	...	...	973
(b) First inspection at clinic. Number of Pupils	...	...	...	...	...	580
Number of (a) + (b) found to require treatment	...	...	...	...	...	639
Number of (a) + (b) offered treatment	...	...	...	...	...	620
(c) Pupils re-inspected at school or clinic	...	...	...	...	...	5,190
Number of (c) found to require treatment	...	...	...	...	...	2,256

Sessions.

Sessions devoted to treatment	...	...	...	...	...	768
Sessions devoted to inspection	...	...	...	...	...	48
Sessions devoted to Dental Health Education	...	...	...	...	...	—

NURSING AND HEALTH VISITOR SERVICES.

Cleanliness Inspections in Schools.

The school nurses carried out the majority of the cleanliness inspections with some help from the health visitors.

601 visits were made to schools the details being as follows:—

		No. Inspected.	No. Unclean.	No. Verminous.
1st Inspection	...	11,602	30	8
1st Re-Inspection	...	2,404	14	1
2nd Re-Inspection	...	3,139	7	2
3rd Re-Inspection	...	2,475	9	—
4th Re-Inspection	...	2,238	5	—
5th Re-Inspection	...	3,941	4	1
6th Re-Inspection	...	3,422	13	2
7th Re-Inspection	...	1,997	3	3
8th Re-Inspection	...	1,312	—	—
9th Re-Inspection	...	124	2	2
10th Re-Inspection	...	14	—	—

Following these inspections, 1,218 visits were paid to the children's homes.

The number of children found to be unclean has continued to decline.

School nurses also made 133 follow-up visits to the homes of those children who had been discharged from hospital.

School nurses have also carried out visits following complaints by education welfare officers, head teachers etc. (e.g. query scabies and impetigo) and also in connection with various services of the Health Department applicable to school children.

INDEX

Aged Persons	...	...	...	...	26; 49	Health Education	...	...	...	25; 36; 73
Airport Control	...	...	...	...	60	Health Visiting	...	...	...	25; 73
Ambulance Service	...	...	...	...	31	Health Visitor Sessions	...	...	...	17
Ante-natal Clinics	...	...	...	...	16	Home Nursing Service	...	...	...	28
Area	...	...	...	...	13	Housing	...	...	...	58
Bacteriological Laboratory Facilities	...	...	...	...	57	Incontinence Pads	...	...	...	38
B.C.G. Vaccination—Statistics	...	...	...	...	65	Infant Mortality	...	...	...	5; 14
Births and Birth Rates	...	...	...	...	5; 14	Infectious Diseases	...	...	...	44
Birth Control Clinics	...	...	...	...	17	Influenza	...	...	...	44
Blind Persons	...	...	...	...	46; 67	Maladjusted Boys—Hostel	...	...	...	68
Boundary Changes	5; 13; 32; 45; 46; 47; 48; 62					Maternal Mortality	...	...	...	22
Cancer	...	...	...	...	34	Meals on Wheels	...	...	...	49
Care of Mothers and Young Children	...	...	...	...	16	Measles	...	...	...	44
Cervical Cytology	...	...	...	...	35	Medical Inspections	...	...	...	64
Child Guidance Service	...	...	...	...	69	Meningitis	...	...	...	44
Child Welfare Centres	...	...	...	...	17	Mental Health Service	...	...	...	5; 26; 41
Chiropody Service	...	...	...	...	5; 38	Milk Regulations	...	...	...	54
Closet Accommodation	...	...	...	...	58	Miscellaneous Medical Examinations	...	...	...	69
Committees	...	...	...	...	12	Mothercraft and Relaxation Classes	...	...	...	17
Computer	...	...	...	...	5; 30	Mothers Clubs	...	...	...	17
Congenital Malformations	...	...	...	...	18	National Assistance Act, 1948	...	...	...	45
Convalescent Homes	...	...	...	...	20; 36	Nurseries	...	...	...	20; 60
Deaf Persons	...	...	...	...	18; 26; 48; 67	Nursing Equipment	...	...	...	36
Deaths and Death Rates	...	...	...	...	14	Nursing Homes	...	...	...	60
Dental Care	...	...	...	...	19; 72	Occupational Therapy	...	...	...	33; 45
Diabetic and Epileptic—Holiday Camps	...	...	...	...	68	Ophthalmia Neonatorum	...	...	...	44
Diarrhoea and Enteritis under two years	...	...	...	...	44	Paratyphoid Fever	...	...	...	44
Diphtheria	...	...	...	...	44	Perinatal Mortality	...	...	...	5; 20
Domestic Help Service	...	...	...	...	40	Phenylketonuria	...	...	...	26
Domiciliary Midwifery Service	...	...	...	...	23	Physically Handicapped	...	...	...	45; 68
Drainage, Sewerage and Sewage Disposal	...	...	...	...	58	Pneumonia	...	...	...	44
Dysentery	...	...	...	...	44	Poliomyelitis	...	...	...	44
Easington Rural District—Annual Report of District School Medical Officer	...	...	...	...	113	Population	...	...	...	13
Encephalitis	...	...	...	...	44	Post Natal Clinics	...	...	...	17
Environmental Hygiene	...	...	...	...	57	Prematurity	...	...	...	21
Family Casework	...	...	...	...	50	Prevention of Illness, Care and After Care	...	...	...	33
Fluoridation	...	...	...	...	5; 57	Puerperal Pyrexia	...	...	...	44
Food and Drugs Act	...	...	...	...	55; 56	Rateable Value	...	...	...	13
Food Poisoning	...	...	...	...	44	Residential Accommodation	...	...	...	51
Future Development	...	...	...	...	53	Rural Water Supplies and Sewerage Acts	...	...	...	58
Handicapped Pupils	...	...	...	...	66	Scarlet Fever	...	...	...	44
Health Centres	...	...	...	...	16	School Clinics and Mobile Dental Vans	...	...	...	109

School Hygiene and Sanitation	...	...	64	Tuberculosis	...	...	...	...	26 ; 33
School Meals	...	...	74	Unmarried Mothers, Institutional Provision	...	20			
School Nursing Service	...	...	73	Vaccination and Immunisation	...	26 ; 29 ; 65			
Special Investigations	...	...	65	Venereal Diseases	...	...	...	...	34
Special Schools	...	...	63	Vital Statistics	...	...	...	13 ; 14	
Speech Therapy	...	...	70	Voluntary Workers	...	...	...	20 ; 46	
Staff	...	...	6	Water Supplies	...	...	...	...	57
Temporary Accommodation	...	...	50	Welfare Foods	...	...	...	...	19
Tuberculin Testing of School Entrants	33 ; 65			Whooping Cough	...	...	...	...	44

